Lectures
ON
SYPHILITIC INOCULATION,
AND ITS
RELATIONS TO VACCINATION.

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LECTURE V.

VACCINO-SYPHILITIC INOCULATION.

When the syphilitic disease was first recognised and described in Europe, about the year 1483, no interval was noted between the appearance of the primary and secondary affection; and it is worthy of remark that, although many authors after the year 1500 make mention of the affection of the genital parts, not one author before that time points out such an affection as essential to or characteristic of this disease. All looked upon it as contagious without coition.* It appeared at once, as far as the accounts inform us, by an eruption of non-suppurating tubercles over the body; or by "pustules which afterwards became hideous ulcers," or were covered by foul scabs. During the first twenty years of the sixteenth century, syphilis had still a great resemblance to tuberculous leprosy. "This same virus propagated since, particularly at present, by an almost general inoculation, has become much less deadly in its effects, and milder in its symptoms."†

Even in the year 1519, according to Ulrich van Hutten, the disease had so changed its symptoms that it could even then be scarcely looked upon as of the same nature as when it originally appeared. How different it was, however, even at that time from that which is witnessed in the present day, will appear from Fracastor's description, published in 1521:—

"Protinus informes totum per corpus achores
Rumpebant, facieque horrendam et pectora findè
Turpabant; species morbi nova; pustula summæ
Glandis ad effigiem, et pituita marcida pinguis,
Tempore quæ multo non post adaperta dehiscens,
Mucosâ multum sanie taboque fluebat.
Quin etiam crudens altè, et ac fundîtùs abdens
Corpora pascebat miserè, nam sæpiùs ipsi
Carne sub exutos artus, squallentiaque ossa
Vidimus, et fundo rosea ora dehiscere hiatu,
Ora, atque exiles reddentia guttura voces.
Tum sæpè aut cerasis, aut Phyllidis arbore tristi,
Vidisti pinguem ex udis manare liquorem
Corticibus: mox in lentum durescere gummi.
Haud secùs hæc sub labe solet per corpora mucor
Diffluere: hinc demùm in turpem consescere callum.
Unde aliquis ver ætatis, pulchramque juventam
Suspirans, et membra oculis deformia torvis
Prospiciens, fædosque artus, turgentiaque ora,
Sæpè deos, sæpè astra, miser, crudelia dixit
Interea dulces somnos, noctisque soporem
Omnia per terras animalia fessa trahebant:
Illis nulla quies aderat, sopor omnis in auras
Fugerat. His oriens lugrata Aurora rubebat;
His inimica dies, inimicaque noctis imago.
Nulla Ceres illos, Bacchi non ulla juvabant
Munera, non dulces epulæ, non copia rerum;
Non urbis, non ruris opes, non ulla voluptas."

It appears evident, according to cotemporary authors, says Swediaur, that this disease was at that time generally communicated without coition, and that many died of it without having had the slightest affection in the genital parts—exactly as Bowman observed in the new disorder in Canada. "On its first appearance in any climate," he says, "the syphilitic disease is very violent in its effects; but it is still more so when imported from a warm to a cold country. The disease in Canada is a proof of this; and the pox which appeared in Europe in the fifteenth century may possibly confirm the remark. After some time the disease appears to have become milder, its progress slower, its symptoms less violent, and, in the present day, many of them are quite disappearing; so that perhaps finally, at a more advanced period of its decline, it will only affect the organs of generation, which, in its beginning, its return, or *its attack on a new people*, perhaps by *uniting itself with some other poison*, may make the virus act with more effect and violence."

Now, it is a remarkable fact, that when the disease which we have been considering appeared at Rivalta, where it was said to have been previously unknown, there was no interval observed between the primary and the secondary symptoms. The sluggish, indolent action (the specific induration) which characterizes the commencement of the disease was not observed or recorded; and, in some cases, the period at which the symptoms appeared after the application of the poison was unusually short. But after this disease had passed through the constitutions of the children, it appeared again in characters easily recognised in those who received it from them. In the nurses and mothers there was the usual period of incubation before the appearance of the primary symptoms, the adhesive inflammation (the indurated sore) was again seen to be the morbid process by which the disease entered the patient's system, and the ordinary time was found to elapse between the appearance of the primary and the secondary symptoms.

Again, at Rivalta, the disease when it first appeared was accompanied by an eruption of so-called pustules, and was confounded with small-pox. The same thing exactly happened when the affection appeared in Europe in the fifteenth century.

As the disease has become milder in its effects and more chronic in its nature in Europe, its different stages and the distinct morbid action by which each is distinguished have been gradually unfolded. Thus at first the disease was considered as of one kind only, and all its effects were attributed to one poison. It was not until the present century that the distinction was drawn between primary and secondary affection, and it was not until the year 1854 that the distinction was drawn between the different *modes of origin* of the two kinds of syphilitic sores. It is then not surprising that at Rivalta, where this disease is said to have appeared for the first time in a highly contagious form, the descriptions of the first cases that occurred should be very different from those of the disease as it is now recognised in the capitals of Europe. A period of want of observation and of confusion existed with regard to the descriptions of the cases, and in some of the worst instances, which proved rapidly fatal, we almost entirely lose the distinctive characters of the syphilitic disease. But the case is very different as soon as the attention of educated medical men is directed to the subject. Dr. Pacchiotti says—"I saw that the syphilis in these cases had always its origin, not in the soft non-infecting ulcer, but in the indurated infecting ulcer of Ricord. There was a longer or shorter period of incubation between the inoculation and the appearance of the consequent ulcer, so that the infecting chancre has the same relation to syphilis as the bite of a dog has to hydrophobia. After a second period of incubation, secondary symptoms manifested themselves." Dr. Pacchiotti tells us that he has described what he has seen without excitement, without pre-conceived ideas; at one time with the hesitation of a man who doubts, afterwards with the conviction of a man who is slowly convinced. He relates what he has seen, as he tells us, with the severe impartiality of an observer who writes without reference to the opinions of others, or to what has been written before.—(*Op. cit.*, p. 12.)

Dr. Pacchiotti paid a third visit to Rivalta on the 5th of January. He found that the children under treatment were much better, and the majority nearly well. There were, however, still ample manifestations of syphilis.

In Chiabrera, the first vaccinifer, there was complete alopecia. The diarrhœa had ceased, and the voice was now clear. There existed, however, a mucous tubercle on the conjunctiva of the inferior lid of the left eye.

Carozzo now presented two flat tubercles near the anus, with indurated glands in the groin. The cutaneous eruption had disappeared.

Cupena showed excavated cicatrices of former ulcerations in various parts, with fresh indurated syphilitic tubercles upon the chest and nates.

Garbarino presented two mucous pustules upon the anus, two grey indurated ulcers on the nates, mucous tubercles, and indolent enlargement of the glands in the groin. Voglino, Garbarino, Panodi, Gunone, and Sciancs all presented similar symptoms at this time.

At this period the Commission undertook a rigid investigation of the vaccine cicatrices. They observed their deformities, anomalies, and irregularities, which indicated that they had deviated from their natural course. In some children these cicatrices were seen to be excavated, deep, and large; still of a livid or coppery hue. In some, the base was noticed to be hard, and it was remarked that this hardness extended beyond the cicatrix itself. In some of the children there was an indo-

* Swediaur. † Ibid.

lent enlargement of the axillary glands on the side corresponding to that upon which the indurated cicatrix was found. In some, an ulcer still existed, with an indurated base and a moist surface, from which scabs were continually separating and as frequently reproduced. In some of the little patients the scabs were adherent, and the cicatrix below was indurated, livid, or copper-coloured.

It was ascertained in all the cases that at a certain period after vaccination the vesicles had degenerated. It was not possible to ascertain the precise period at which this change had taken place, as no medical aid was sought. Still it appeared certain, from the description given by the mothers, that the vaccine vesicles were converted into ulcers, which were very indolent in their nature; and when first seen by the Commission, four months after vaccination, they still presented the form of serpiginous scabby ulcerations, always with a coppery lividity. Upon these grounds the Commission concluded that the vaccine vesicle had been converted into a syphilitic sore in these children; and that the first symptom of syphilis in the children who had been vaccinated was a syphilitic ulcer on the point of inoculation.

At the same time that the condition of the children was thus noted, the state of the mothers of some of the infected children was also recorded.

1. The mother of Chiabrera (the first vaccinifer) had innumerable flattened tubercles on the vulva. There was at this time the cicatrix of an indurated ulcer on the left breast, with some trace of specific enlargement in the glands of the corresponding axilla. She suffered much from rheumatic (?) pains, with severe headache and sleepless nights. She had become much emaciated; there were ulcers on both tonsils; impetigo; loss of hair, with enlargement of post-cervical glands; syphilitic roseola on the skin.

2. The mother of Carozzo, who was ascertained to have been healthy in October, showed a recent cicatrix, with an indurated base, of a syphilitic ulcer, on the right mamma, between the base of the nipple and the areola. She had also chronic indolent enlargement of the glands in the corresponding axilla. She stated that this ulcer had existed for two months. There were many mucous tubercles on the vulva, and chronic indolent enlargement of the glands in the groin; a diffuse syphilitic roseola mixed with papulæ covered the whole of the abdomen, and extended to the chest, hips, arms, neck, and face; there was impetigo, with incipient alopecia.

3. The mother of Cupena, who was noticed in October to have been affected with two little suspicious tubercles on the left breast, now showed these tubercles converted into indurated cicatrices, with chronic indolent enlargement of the axillary glands of the same side. She had now also flattened tubercles on the vulva and around the anus; loss of hair, with impetigo; headache; rheumatic pains; alopecia and diffuse syphilitic roseola on the skin; there were in addition two grey-coloured ulcers on the tonsils.

4. The mother of Saccone, who was ascertained to have been healthy in October, now had an ulcer on the left breast, in the process of cicatrization, with an indurated base, and raised above the level of the skin. There was chronic enlargement of the axillary glands in the corresponding arm-pit. The ulcer had been open about two months. For the last twenty days there had been mucous tubercles on the great and lesser labia of the vulva, with specific chronic enlargement of the inguinal glands. There was now, in addition, a most manifest syphilitic roseola over the whole body; an impetiginous affection of scalp, and chronic enlargement of post-cervical glands; a large deep ulcer, with an ash-coloured surface, was seen on each tonsil.

5. The mother of Voglino, who was before seen to have five characteristic syphilitic ulcers on the left breast, now presents the indurated copper-coloured cicatrices of these ulcers, accompanied by specific ganglionic enlargement of the corresponding axillary glands. There existed also an impetiginous affection of the scalp, with incipient alopecia; cervical *pleiades;* a large ulcer on the tonsil; syphilitic roseola mixed with syphilitic papules and psoriasis.

6. The mother of Morbello, who was ascertained to be healthy in October, now presented an indurated sore on the right breast, which had existed a month and a half, and was accompanied by chronic enlargement of the axillary glands. She had a large number of flattened tubercles on the vulva and around the anus; mucous tubercles on both tonsils; an incrustation on the head; cervical *pleiades;* alopecia; syphilitic papules on the back, arms, and shoulders; syphilitic roseola upon the abdomen. An ulcer and granulations were found to exist on the mouth of the womb.

7. The mother of Voglino, who was ascertained to have been healthy in October, presented a small cicatrix at the base of the right nipple. This would have escaped a superficial examination, but was found to be hard, but unaccompanied by specific enlargement of the glands in the axilla. There were flattened tubercles around the anus, without any corresponding enlargement of the inguinal glands; she had also loss of hair; impetiginous scabs on the head; ulcers on the tonsils, with cervical *pleiades;* there was, in addition, very evident syphilitic papules on the skin, and syphilitic eczema.

8. The mother of Marescotti, healthy in October, showed a small indurated cicatrix on the left breast, without glandular enlargement in the axilla; this had existed for two months. There were now mucous pustules on the vulva; impetiginous crusts on the scalp; incipient alopecia; ulcer on the tonsils; syphilitic roseola and syphilitic papules on the skin.

9. The mother of Garbarino, healthy in October, presented two cicatrices, still indurated, on the two breasts, with corresponding multiple indolent enlargement of the glands in the two axillæ; there were moist tubercles on the vulva, in the perineum, and around the anus; syphilitic impetigo, with scabs on the scalp; alopecia; ulcers on the two tonsils; cervical *pleiades;* general and characteristic eruption of syphilitic roseola.

10. The mother of Scianca, who was seen in November by Dr. De Katt, and who then had two suspicious ulcers on the two breasts, was found to be most severely affected with constitutional syphilis. There were now two recent cicatrices of two syphilitic ulcers: these were superficially indurated, with a large base, of a coppery colour, and with their surface raised above the level of the surrounding skin. The axillary glands were enlarged, indurated, and indolent. There were many flat tubercles on the great and lesser lips of the vulva, on the perineum, and around the anus: some of these were ulcerated. On the anterior lip of the mouth of the womb there existed an ulcerated tubercle, and this was accompanied by leucorrhœa. On the two tonsils were two enormous ulcers extending to the soft palate: these were deep, indolent, and of a greyish colour. Very manifest and specific enlargement of the cervical glands, and enlargement of the submaxillary glands. Confluent impetigo, with crusts on the scalp; alopecia; persistent pains in the head, which prevented the patient sleeping at night. There was ulceration of the mucous membrane in the nasal fossæ, both on the septum and on the turbinated bones, with purulent discharge from the nostrils. Two fissures existed at the commissure of the lips. The whole body—face, neck, trunk, and limbs—was covered by a confluent syphilitic eruption. This in some places was papulous, in other parts pustulous, and in others again presenting dense scabs. In other places again there were spots of acute syphilitic ecthyma. The patient was worn out, emaciated, and anæmic, with loss of appetite and restless nights.

11. The wet-nurse of Zoccola, whom Dr. De Katt noticed in November to be affected with a suspicious ulcer of the right nipple, now presented a hardened copper-coloured cicatrix on the same spot. There was chronic indolent enlargement of the corresponding axillary glands. The secondary symptoms were,—flattened tubercles at the vulva; a soft, large, and grey-coloured ulcer on the internal surface of the posterior lip of the mouth of the womb; leucorrhœa; ulcers on the tonsils; and syphilitic roseola.

It may be well here to pause in the narrative of this most extraordinary series of cases, and to reflect upon the facts which we have now before us. The cases at Rivalta have been received with so much prejudice, and conclusions concerning them have at once been arrived at and made public by some who have evidently never read the details, that it is necessary to be particular in the relation of facts and in the inferences thence derived. It is important, then, to determine accurately what the disease was which was communicated to these twenty mothers or nurses of the vaccinated children, and to them only, out of a population of 2000. And here we may take for our guide Ricord's first conclusion, quoted at the commencement of these lectures: "A chancre is known for certain, neither because it has appeared after suspicious contact, nor on account of its situation, nor because it has an indurated base, nor on account of its colour or its shape or the character of its edges, nor by the red areola by which it is surrrounded, but by its being inoculable so as to produce exactly the same disease again." That which is true of one form of syphilis or of one kind of sore, is true in this respect of another. If we, then, accept Ricord's own test, we have simply to ask ourselves, Was the disease in these nurses and mothers the same as that which existed in the children? (the mode of transmission by

the breasts being clearly traced.) In the children we find a persistent indolent action leaving a copper-coloured stain, and often an indurated cicatrix, accompanied by multiple chronic enlargement of the corresponding lymphatic glands; followed by mucous tubercles, ulceration of the throat, loss of hair, and various forms of eruption which the Commission appointed for the purpose of investigating the disease pronounced to be syphilitic. In the mothers we have a persistent indolent form of adhesive inflammation on the breast leaving an indurated cicatrix, accompanied by chronic multiple enlargement of the axillary glands, and followed by mucous tubercles, ulcerations of the throat, loss of hair, and various forms of eruption on the skin, which the medical men who formed the Commission, and others who did not, pronounced to be syphilitic. It would seem superfluous to reiterate the question "Was this the same disease?" were it not for the enormous amount of prejudice which the dogma of Ricord, which long held the minds of men in subjection, still exercises upon public opinion. The great master had said that no secondary symptom could be communicated; therefore it was formerly argued, and is still argued by some, that such cases as those above related could not be syphilitic because there was no communication between any *primary* disease in the children and the breasts of the mother. Here we may again refer to Swediaur's opinion, as quoted in the first of this series of lectures, where he talks of those who "by an ill-founded theory suffer the syphilitic virus to be communicated, and the disorder propagated through whole families." It must, however, in justice to the great luminary of this branch of medical science to whom reference has been made, be stated that his mind has at all times been open to conviction and to proof, and that he has now materially modified his opinions, which for so long a period exercised such an extensive sway. But there are still lesser luminaries which for a time shone with borrowed light, who are not so easily convinced. It is therefore necessary to multiply examples.

In October, 1858, a Commission was appointed, composed of MM. Velpeau, Ricord, Devergie, Depaul, and Gibert, to give an official answer to Government upon the question of the inoculability of secondary syphilis, and whether the inoculability of that disease was different in the child and in the adult.

The following cases were officially reported:—

1. A patient, affected with lupus on the face, was inoculated on the left arm with some secretion from secondary mucous tubercles. The patient from whom the secretion was taken had a number of flat tubercles around the anus, which had existed for about a fortnight. These had followed a chancre on the penis fifteen months previously, the cicatrix of which was still apparent. Eighteen days after the inoculation, a prominent copper coloured papule appeared on the inoculated spot. At the expiration of twenty-two days, the papule had enlarged, and discharged a moisture from its surface. On the twenty-ninth day, an enlarged gland existed on the corresponding armpit. On the thirty-second day, a scab having become detached, left exposed an excoriation still very superficial. On the fifty-fifth day, there was an ulceration, still superficial, in the centre of the former papule, which, having become larger and more indurated, now constituted a well-formed tubercle; some spots and red pimples shortly showed themselves on the body, and were followed by a general syphilitic eruption. Three months and a half after the inoculation, and after six weeks of mercurial treatment, a white superficial and slightly depressed scar was left on the arm; the enlargement of the axillary glands continued, and the general syphilitic eruption was fading.

2. A patient, affected with inveterate lupus, was inoculated in the same way as in the preceding case. At the expiration of twenty-five days, some redness showed itself upon two of the inoculated points. Upon each of these spots a papule developed itself. This was at first dry, but subsequently discharged a fluid, and became excoriated, covered by a crust, and indurated. An enlarged gland, the size of a nut, developed itself at the same time in the axilla. The thirty seventh day after the inoculation, roseola developed itself upon the skin.

The two preceding cases were inoculated by Dr. Auzias-Turenne; the two following were inoculated by M. Gibert.

3. This case was very analogous to the two already mentioned; but the papule produced by the inoculation was much smaller; the induration which followed was less marked; the ulceration which succeeded was superficial, round, and fungous; roseola following in this as in the other cases.

4. The patient who furnished the secretion in this case had been under the care of M. Puche, in the Hôpital du Midi. He had had an indurated chancre on the external surface of the prepuce, and this had left an indurated cicatrix, with slight indolent enlargement of the inguinal glands. Secondary mucous tubercles had formed on the scrotum, around the anus, between the thighs, and in other parts. A large, squamous papule existed on the forehead, of a coppery-red colour, quite dry, and of the size of a half-franc. On the 9th of February the point of a lancet was passed into the circumference of this papule, and was charged with some blood and serum. This was immediately inoculated on the upper and anterior part of the right arm near the elbow, in a patient affected like the preceding with lupus of the face. Fifty days after this inoculation, a prominent, red, irregular papule was seen upon the inoculated point. This had, he said, existed for fifteen days. It became the size of a half-franc, and was covered by a slight scab. It was, therefore, very similar in appearance to the affection from which the inoculated matter had been taken. During the whole of its course it did not become excoriated, and secreted no fluid. It therefore presented a well marked instance of the second form of syphilitic infection noticed in a previous lecture (No. II.) Around this papule were seen some copper-coloured and slightly raised spots; subsequently a squamous syphilitic eruption, and a variety of other syphilitic symptoms, appeared on other parts of the body.*

It would be obviously improper, under any circumstances, to multiply the number of cases of artificial inoculation with this infecting variety of the disease; but other cases of the same kind are not wanting. The above have been selected as those recorded by a Commission, of which M. Ricord was himself a member; and there is, therefore, the best possible assurance that if these cases had in any respect been unsatisfactory, the weak points would have immediately been brought to light.

Those who still oppose themselves to the idea of secondary syphilis being communicable, often ask for the same demonstration of the fact as Ricord afforded with regard to the inoculability of the suppurating sore. But they who have requested this evidence can scarcely have seriously considered what they are asking. They ask, for the sake of satisfying their minds, and in order to correct their preconceived ideas, that a disease which necessarily produces its constitutional effect should be inoculated upon a patient who had not previously had that disease—a proceeding which, if it were carried out for their satisfaction, they would probably be the first to condemn; nor, in truth, are any further experiments upon this point either necessary or justifiable.

The cases recorded in the present lecture show that secondary syphilis, under certain circumstances, is readily communicable, and that that communication, when due precautions are not observed, may take place in the act of vaccination. In the next lecture some further illustrations of this great fact will be given, and some of the peculiar symptoms observed in the children at Rivalta will be more fully considered. The source whence, in these cases, the original syphilis was derived (which has now been discovered by Dr. Pacchiotti) will also be related.

Lectures
ON
CERTAIN POINTS IN THE CLINICAL EXAMINATION OF THE URINE.

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LECTURE II.

ON QUALITATIVE SUGAR-TESTING IN THE URINE.

GENTLEMEN,—The detection of sugar in the urine, and the estimation of its quantity, are questions of such importance to medical practitioners that I make no apology for occupying your time in this and the succeeding lecture with their consideration.

Let me at once draw a broad distinction between the existence of sugar in the urine in proportions sensible to direct testing, and its existence in such minute quantity that elaborate analytical processes are required for its detection. It is highly probable that traces of sugar, as of all other substances dis-

* This case may be compared with that of the boy related in Lecture II.

solved in the blood, may always be found in the urine;* but the quantity is so small that it is altogether beyond the reach of the most delicate reagents directly applied. These traces of sugar, granting them to exist, have no clinical significance whatsoever. When sugar is present in quantity sufficient to interest the medical practitioner, it is easily discovered; and, conversely, when direct testing reveals the presence of sugar, it is invariably a grave pathological sign, and not a matter of mere physiological curiosity. In the following observations I have solely in view sugar in these sensible proportions.

Very frequent mistakes are committed in regard to the presence or absence of sugar in urine, not only by physicians and surgeons, but even by professed chemists. More than once, specimens have been brought to me with the statement that an analytic chemist had found a small quantity of sugar, but in which no sugar really existed—certain fallacious appearances, to which I shall presently refer, having been mistaken for genuine evidence. Without proper precautions, sugar-testing, like all other testing, is open to fallacies; but with moderate care and observance of a few fixed rules the detection of sugar is a matter of the most perfect certainty and of exquisite delicacy. Before proceeding to describe the *best* means for this purpose, let me say a word about those tests which are in common use, but which are either unreliable or insufficiently delicate—namely, the growth of torulæ, Moore's test, and the fermentation test.

1. *The growth of torulæ.*—Dr. Hassall has advanced the opinion that the yeast plant only grows in saccharine urine, and that consequently the appearance of this fungus is positive proof of the presence of sugar. This, however, is not so; it has occurred to me on several occasions to witness the yeast fungus growing luxuriantly, and attaining full aërial fructification, in urine totally devoid of sugar. Moreover, it is not easy to discriminate the sporules and filaments of the yeast plant from those of the common mould (penicillum glaucum), and as both of these are far more frequently met with in an immature condition than in the state of fructification, the practical value of this mode of detecting sugar is reduced to the smallest proportion.

2. *Boiling with liquor potassæ (Moore's test).*—When urine containing sugar is boiled with an equal bulk of liquor potassæ, the mixture darkens, and eventually assumes a brandy-brown or claret colour. From its easy application, this test is the most commonly employed by practitioners, and as a preliminary step, and for negative evidence, it is of great utility and convenience. It has, however, two faults—(*a*) it is wanting in delicacy, and (*b*) it is liable to a notable fallacy. The point of delicacy may be settled by adding successive portions of saccharine urine to a healthy specimen. Proceeding thus you will find that Moore's test does not answer clearly until the proportion of sugar rises to about 0·3 per cent., or one grain and a half to the ounce. By-and-by we shall come to a test *twelve* times more delicate than this.

Again, all high-coloured urines of excessive density become darker when boiled with liquor potassæ, although free from sugar; and albuminous urines, even when not high-coloured, darken sensibly under the same treatment. This occurs with perfectly fresh liquor potassæ; but if the test have been kept in ordinary white glass bottles, it very speedily becomes impregnated with lead, which it attracts from the glass, and this offers an additional source of error. The liquor potassæ kept in the medical wards of the Royal Infirmary was found largely impregnated with lead, although it had not been in use more than about six weeks. Liquor potassæ thus vitiated, when boiled with certain urines, turns them of a dark porter-brown colour. This is something quite different from the slight deepening of the tint which has been just alluded to, and it only occurs in *albuminous* urines, and not even in all of these. In acute Bright's disease, especially when there was blood in the urine, or when the albumen was abundant and associated with free discharge of renal epithelium, the change of colour was most intense; and in one such case the existence of sugar had been therefrom inferred, and announced to the patient and his friends, by the medical attendant. Where the proportion of albumen was small, and renal desquamation slight, the lead-tainted liquor potassæ did not produce so marked an effect. In such urines a slight darkening of colour only ensued, much to the same degree as occurred with fresh liquor potassæ. It was never found that liquor potassæ containing lead produced a dark-brown coloration with non-albuminous urines, provided, of course, that they were sugar-free. The usual slight deepening of the tint took place, but not anything conspicuously greater than with fresh and pure liquor potassæ. This fallacy in the employment of Moore's test was first pointed out by Dr. G. Owen Rees; and the fallacy is rendered still more fallacious by the fact that it only applies to a certain limited class of urines.

3. *The fermentation test.*—When saccharine urine is mixed with yeast and kept in a warm place, it speedily ferments with the production of alcohol and evolution of carbonic acid; and as no other substance is capable of undergoing this transformation, the occurrence of fermentation with yeast is certain proof of the presence of sugar. In doubtful cases this is the only evidence that chemists will accept as irrefragable; but its application is of much more importance for the *identification* than for the *detection* of sugar. When small quantities of sugar are supposed to exist in complex animal fluids, it is necessary to evaporate, to extract with alcohol, and so forth, in order to obtain the body supposed to be sugar in a tolerably pure state. This is then dissolved in water, mixed with yeast, and kept warm. If fermentation take place, the proof of sugar is unequivocal; and if no fermentation ensue, the absence of sugar is equally unequivocal, however perfectly the solution may respond to all the other tests for sugar.

Applied to ordinary diabetic urine, fermentation affords very clear indications. The most convenient and elegant way of applying it is the following:—A few crumbs of German yeast are put into the bottom of a test-tube; this is then filled up to the brim with the suspected urine, covered with an evaporating dish or saucer, and then inverted. The dish and inverted tube are now set aside in a warm place—say on the mantel-piece. The urine soon begins to ferment, gas collects in the top of the inverted tube and expels a portion of the urine; and if sugar be abundant, the gas accumulates in such quantities that all the urine is driven out before it. There is a precaution, however, to be observed. Some specimens of yeast spontaneously evolve bubbles of gas; it is therefore desirable, where the indication is doubtful, to perform a parallel experiment with the same yeast mixed with simple water, so that the amount of gas spontaneously yielded by it may be ascertained. German yeast is exceedingly convenient for fermentation experiments, and it has now come into such common use that a pennyworth may be purchased in almost any baker's shop.

There are two drawbacks to the clinical application of this test: (*a*) it takes some hours for its accomplishment, and (*b*) it does not suffice for the discovery of minute quantities. Urine is capable of absorbing somewhere about its own bulk of carbonic acid, so that unless the amount evolved be greater than this there will be no accumulation of gas in the top of the tube, and consequently no visible sign of fermentation. According to my experience, urines containing only 0·5 per cent. or two grains and a half to the ounce and under, yield no sign to the fermentation test. Fermentation is therefore a considerably less sensitive method of sugar-testing than Moore's plan of boiling with liquor potassæ.

There is, however, another manner of applying fermentation to the detection of sugar, which is much simpler and even more delicate, although less elegant, than the foregoing—namely, by comparison of the specific gravity of the suspected urine *before* and *after* fermentation. This proceeding will be examined more in detail under the head of quantitative testing; but I may here observe that considerably less sugar than one per cent. may be detected by the lowering of the density after fermentation.

4. *Reduction tests.*—The action of grape-sugar on a number of metallic salts is attended with a reduction of the oxides which they contain to a lower degree of oxidation, or to the metallic state. Accordingly some of these salts are resorted to as valuable sugar-tests, both qualitative and quantitative. The salts best adapted for this purpose are those of copper, bismuth, silver, chromium, and tin; but as the oxide of copper is the most universally known, and with proper precautions the most striking and sensitive, I shall confine my remarks solely to it.

The ordinary mode of using the copper, or, as it is called, *Trommer's test*, is to add a drop or two of a solution of sulphate of copper to the suspected urine in a test-tube. Liquor potassæ is then added in excess, and the mixture boiled. If the proper proportions have been observed, a red deposit of suboxide of copper falls when sugar is present. Applied in this rough way the operation of the test is very unsatisfactory. If the copper be in excess, a quantity of the protoxide remains undissolved,

* The important discovery by Dr. Schunck, that the extractive matter of healthy urine contains a glycogenic substance, which may be liberated by the action of acids, and yield the reactions of sugar, throws great doubts on some recent observations that seemed to show that normal urine contained a sensible proportion of sugar. It is more probable that the sugar found by Brücke and others in healthy urine was really an exact of the analysis—a conversion, in fact, of an amyloid body, always present in the urinary extractive, into glucose.—See Dr. Schunck's art. in the *Philosophical Magazine* for March, 1862.

and causes confusion. The liquor potassæ likewise obscures the result by producing an intense dark-brown colour if sugar be abundant, and the boiling continued beyond a few seconds. In consequence of these and other objections, Trommer's test is regarded with very little favour by many practitioners, who rely in preference on the easy and ready, though less delicate, method of boiling with liquor potassæ. But all the uncertainty attending the employment of the copper test arises from a faulty application, and not from inherent imperfection. When skilfully used, it possesses a delicacy and certainty that renders all other reagents superfluous.

The first necessity is to abandon the rough method above sketched, and to prepare beforehand a test fluid which shall combine in solution both the copper and the alkali in due proportion. This is accomplished by dissolving sulphate of copper in liquor potassæ with the aid of tartrate of potash or the potassio-tartrate of soda (Rochelle salt.) A clear deep blue solution is thus obtained, which is at once ready for application. For qualitative purposes the following formula yields a solution of the most perfect sensitiveness, and it may be prepared in a few minutes from materials always at hand:—Sulphate of copper, eight grains; tartrate of potash, half a drachm, (or tartrate of potash and soda;) liquor potassæ, one ounce: dissolve. Having prepared the test-fluid, you proceed to use it in the following manner:—Fill a test-tube to the depth of three-quarters of an inch or so with the solution; heat until it begins to boil, and then add *a drop or two* of the suspected urine. If it be ordinary diabetic urine, the mixture, after an interval of a few seconds, will turn *suddenly* of an intense opaque-yellow colour, and in a short time an abundant yellow or red sediment falls to the bottom. If, however, the quantity of sugar present be small, the suspected urine is added more freely, *but not beyond a volume equal to that of the test employed.* In this latter case it is necessary to raise the mixture once more to the boiling point. It is then allowed to cool slowly. If no suboxide has been thrown down when it has become cold, then the urine may with certainty be pronounced sugar-free.

The points of importance in this proceeding are—(*a*) to boil the test first, and not the urine; and (*b*) to use an excess of the test.

The first point is of importance, because the test-solution is apt to deteriorate by keeping, unless preserved hermetically sealed from the air. When deteriorated by exposure to the atmosphere, a deposit of suboxide takes place from it on simple boiling. Boiling the test, therefore, is a trial of its perfection. If it remain clear for a minute or two after ebullition, the solution is in order, and the testing may be proceeded with; but if the solution become somewhat opaque, and a red deposit presently fall from it, this deposit must be first filtered from the clear fluid, which is thereby again rendered fit for use; or—which is indeed the better plan—a fresh supply of the test is prepared. The deterioration here spoken of arises from the conversion of a portion of the tartaric acid into racemic acid, which, equally with sugar, has a reducing power on the oxide of copper, and when present, of course corrupts the analysis. The test-solutions, prepared according to the above formula, in the wards of the Royal Infirmary, were found to have become untrustworthy in a few weeks, although kept in stoppered bottles. The frequent opening of the bottles for the purpose of testing urine for sugar, had admitted sufficient air to spoil the test. In consequence of this tendency the above solution is not adapted for hospital use, and a more convenient practice is to employ a solution of the sulphate of copper and tartrate of potash, made in simple water, and to add liquor potassæ when the test is put in operation. Sulphate and copper and the neutral tartrate may be kept in solution together for an indefinite time, with full exposure to the air, without deterioration.

The necessity for using an excess of the test applies equally to an ordinary diabetic urine, as well as to one which contains only a small proportion of sugar, and has a composition approaching the natural standard; but as the reason for employing an excess is not the same in the two instances, and as there are important differences in the operation of the test in the two classes of urine, I shall call attention to them separately.

(*a*) *Method of testing ordinary diabetic urine.*—Practically, the urine of a diabetic patient, where the disease is in full career, may be regarded as a solution of grape-sugar in simple water. The natural constituents are in such small proportion, owing to the increased flow, that they do not sensibly interfere with the operation of the test.

If, after the test has been heated to ebullition, *one* drop, or *half* a drop, of diabetic urine be added, the reaction occurs almost instantaneously, and the suboxide falls of a brick-red colour at once; but if *several* drops of the same urine be added, the precipitate is a rich yellow. This difference in colour is merely a question of excess or deficiency of the test. When the copper exceeds the sugar, and the solution still retains its blue colour, the suboxide falls red; but if the sugar exceed the copper, and the blue colour have disappeared, the suboxide falls yellow.

The common mode of proceeding—that is, boiling the urine first, and then adding the reagent—is very objectionable, inasmuch as it may betray the operator into a too sparing use of the test, and thereby entail a failure of the reaction. If the sugar preponderate greatly over the copper, *no precipitation whatever ensues*, because the excess of sugar dissolves the suboxide, and forms with it a transparent yellow solution. This may be readily verified by boiling some diabetic urine in a test-tube, and then dropping in the test-solution. The first few drops occasion a dense, muddy, yellow opacity in the topmost layer; but when the tube is shaken the precipitate is redissolved. On adding more of the test, however, the opacity becomes permanent, and an abundant deposit presently subsides.

(*b*) *Method of testing where the quantity of sugar is small and the natural constituents approximate their natural proportions.*—The discovery of sugar in such a urine is much more difficult than in the former case. The ordinary ingredients of the urine—urea, uric acid, pigmentary and other extractives, the alkaline and earthy salts—seriously affect the delicacy of the test. If grape-sugar be dissolved in simple water, such is the sensitiveness of the reaction that one grain in ten pints yields a perceptible deposit; but when dissolved in urine, a considerably larger quantity may be present and the test fail to reveal its existence. Nevertheless, enough of delicacy still remains to satisfy, and more than satisfy, all the requirements of clinical research.

Urine of the kind here considered—with a minute proportion of sugar, and the ordinary ingredients almost natural—is met with in the early stage of diabetes, before the disease has acquired its full development; also in convalescence from the less severe forms; and not unfrequently towards the fatal close of the same complaint. An example of this occurred to me last year. The patient entered the infirmary with diabetes in full career, associated with phthisis. As the termination approached, the sugar rapidly diminished in the urine; and for three weeks before death its presence could only be detected by the most delicate searching. Even in well-marked diabetes there are conditions under which the urine temporarily returns nearly to its natural state. These are—abstinence from saccharine and amylaceous food, and, *à fortiori*, abstinence from all food; accordingly, the morning urine, after the prolonged fast of the night, may, in the less severe cases, be found almost sugar-free. A like effect follows the advent of an intercurrent inflammation, as of the lungs or lining membrane of the bowels. Apart from diabetes, however, sugar is very rarely found in the urine; and most of the cases so described are, I am convinced, examples of fallacious testing. In my own experience sugar has not been found (without diabetes), except in the complete insensibility of apoplexy from intracranial effusion or uræmia. Neither after the administration of chloroform nor in the semi-comatose condition attending the last stages of emphysema and heart-disease have I ever discovered it, although I have often searched for it. I am not prepared to say, however, that sugar never does appear in the urine under these circumstances.

In testing for sugar in urines of this description certain precautions are rigidly demanded, otherwise considerable quantities of sugar may be wholly overlooked. The most important of these is to use a great excess of the test. When the copper solution is added drop by drop to healthy urine, at a boiling heat, the blue colour is immediately discharged, although not a particle of sugar be present, and the urine assumes a deep-amber tint. The degree to which urines exercise this decolorizing property varies with their strength—that is, with their concentration. A dense urine (sugar-free) will discharge the colour from nearly its own bulk of Fehling's standard solution; but even the most dilute natural urines—those that are almost colourless—have a very considerable power this way. But whatever be the nature of the transformation here involved, it is certain that when the colour of the test has been thus discharged, the copper it contains is no longer capable of being precipitated by any sugar that may be present in the urine; and the suboxide is not thrown down until such an amount of the solution has been added that the mixture retains a distinctly green tint after being raised to the boiling point. To secure an excess of the test the most certain method is to heat the solution first, as already recommended, and

to add the urine afterwards. Another advantage is secured by this proceeding. When the suspected urine contains a considerable proportion of earthy phosphates, the precipitation of these by the alkali of the test is apt to cause embarrassment. The phosphates fall in light, dirty-white flocculi, which might be mistaken by the unwary for a deposit of suboxide. When the test and urine are mixed together before applying heat, or the test is added to the boiling urine, the earthy phosphates fall in such fine flakes that the transparency of the mixture is impaired; but if the urine be added to the boiling test, the mixture retains its translucency from the phosphates being thrown down in denser masses; and by holding the tube between the eye and the light the flakes are seen floating in a clear, olive-green medium.

In the class of saccharine urines now under consideration, the suboxide is always precipitated *yellow*, never red. The operation of the test is exceedingly distinctive, and takes place as follows:—The copper solution having been heated to ebullition, and something less than an equal bulk of the suspected urine having been added, the mixture is again raised to the boiling point. It then changes to an intense opaque yellowish green, and slowly a bright yellow deposit subsides. If the urine contains less than half a grain per cent. of sugar the precipitation does not take place immediately, but occurs as the liquid cools—in five, ten, or twenty minutes, and the manner of the change is peculiar. First, the mixture loses its transparency, and passes from clear olive-green to a light greenish opacity, looking just as if some drops of milk had fallen into the tube. This green milky appearance is quite characteristic of sugar. By this proceeding one-tenth of a grain per fluid ounce, or less than one-fortieth of a grain per cent., can with certainty be detected, and any quantity below this has no pathological signification, and is matter of only physiological interest.

Some of the natural urinary ingredients, and especially uric acid, have the credit of being able to reduce the oxide of copper to a state of suboxide, and of becoming thereby the source of a notable fallacy in using this test for the detection of sugar. No fear, however, need be entertained on this score; I have over and over again treated urines containing an excess of uric acid, and even urine thick with the amorphous urate deposit, with the test-solution at a boiling heat, but have never obtained the least resemblance to the sugar reaction. It is, however, to be borne in mind, that if urine be boiled with the test *for a considerable time*—say twenty minutes or half an hour—a reddish deposit falls, and the mixture assumes a muddy, dirty-fawn appearance, although no sugar be present. The reddish deposit appears to consist of the earthy phosphates necessarily precipitated by the alkali of the test, tinged red with some of the reduced oxide, perhaps by the instrumentality of uric acid. But this reddish deposit is *only produced after prolonged boiling*, and prolonged boiling is of all things the most to be avoided, because the most utterly useless, in performing the test. If simply raising the fluid to the boiling point, and then allowing to cool in a warm place, as in a jug of hot water or on the hob, fail to yield an indication of sugar, no amount of boiling will develop a trustworthy reaction.

Recapitulating.—The best method of detecting sugar in urine is as follows:—Pour some of the prepared test-liquor into a narrow test-tube to the depth of three-quarters of an inch; heat until it begins to boil; then add two or three drops of the suspected urine. If sugar be abundant, a thick yellowish opacity and deposit of yellow suboxide are produced (and this changes to a brick-red at once if the blue colour of the test remains dominant). If no such reaction ensue, go on adding urine until a quantity equal to the bulk of the test employed has been poured in; heat again to ebullition; and, no change occurring, set aside without further boiling. If no milkiness is produced as the mixture cools, the urine may be confidently pronounced free from sugar, for no quantity above a fortieth of a grain per cent. can escape such a search, and any quantity below that is devoid of clinical significance.

THE WATERS OF CARLSBAD IN DIABETES.—Dr. Muller, of Hanover, has published a case of diabetes cured by these waters, no relapse having taken place these fourteen months. The patient was a banker aged fifty, who was taken ill in consequence of a mental shock, and whose urine eventually yielded 30 per cent. (?) of sugar. Opium and Vichy water led to some improvement, but the patient was continually losing flesh, the loss reaching as much as twenty-three pounds in twelve days. Added to this, there were great debility, vertigo, and impaired intellect. In this state he was sent to Carlsbad, where he recovered in a month.

ON A PROPOSED REMEDY (A SPECIES OF GALIUM) FOR EPILEPSY AND OTHER SPASMODIC AFFECTIONS.

NARRATIVE OF TWO VISITS TO THE HOSPITAL FOR EPILEPTICS AT TAIN, IN FRANCE.

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(*Concluded from p.* 483.)

IT appears that there are a great number and varieties of the plant, of which several in France go by the name of "Caille-lait," or "gaillet," from their supposed property of coagulating milk. The plant has been for ages* popularly used in the dairy for rennet, (or runnet as it is termed,) in the formation of cheese, in Tuscany, France, and Etruria, and was formerly used in England and Scotland as well, especially in Cheshire;† and I find that at one time it was commanded by the Committee of our Privy Council for Trade that it should be cultivated in England owing to its being a good dye.

I experienced no difficulty in meeting with the variety used at Tain (of which I had brought away a good specimen in a flowering condition) in the shops of several Parisian herbalists; indeed, it is a common plant in several parts both of France and England, and this specimen I was assured by my friends, Sir William Hooker and Mr. Bentham, to be the galium album, or mollugo, well known in England as the lady's bed-straw, sometimes as maiden hair or wild rosemary, and in Germany as the *bett-stroh* (*unserer lieben Frauen*) or *lab-kraut*. In a medical point of view the galium was, in olden time, regarded as useful for staunching hæmorrhages from various parts,‡ and in checking fluxes,§ as an aphrodisiac,‖ as useful in cancers and ulcers,¶ also in burns,** wounds,†† cases of gout,‡‡ in hysteria,§§ in jaundice,‖‖ in the bites of dogs,¶¶ as a dissolver of urinary calculi,*** &c.

But especially does the galium appear to have been used as an anti-spasmodic, anti-epileptic, and (in the old phrase) anti-cephalic; and I will now, out of a great number of allusions to this use of the plant which I have gathered, (not to weary the reader by a long series of quotations,) select a few which appear to be most apposite.

Going so far back as the year 1577, Gesner, in his "Epistolæ Medicinales," p. 70, speaks of it as curing hysteria;††† and Tauvry, in his "Traité des Médicamens," speaks of it under the name of the "petit muguet," as being used in epilepsy. Boeclero, in his "Cynosura Mat. Med.," 1729, besides speaking of the galium as a vulnerary, and as useful in gout and skin diseases, alludes to it as being useful in epilepsy. He also speaks

* Dioscorides, lib. iv., cap. 26. Matthiolus' De Plantis Epitome Utilissima, &c.; edited by D. J. Camerarius; Francofurti ad Mænum, 1586, p. 868. Paulus Ægineta, Sydenham Society's Translation, vol. iii., p. 80.

† Gerhardes' Herball, 1633. Historia Plantarum; by John Ray; 1686. Robertson's Oxford History of Plants, 1715. Miller's Gardener's and Botanist's Dictionary, 1807. Miller, however, (like others whom I could quote,) doubts its coagulating power, and thinks it has only been used to give flavour to the cheese. He also quotes Bergius and Crocker as supporting him.

‡ Paulus Ægineta, loc. cit. Quincy's English Dispensatory, 1722 and 1736. Dioscorides, loc. cit. Marcellus Vergilius. Culpepper's Complete Herbal, 1814, p. 20.

§ A Curious Herbal, containing 500 Cuts of the most Useful Plants which are now used in the Practice of Physick; by Eliz. Blackwell; 1737.

‖ Dioscorides, loc. cit. Parkinson's Herbal, p. 565. Short's Medicina Britannica; London, 1746, p. 159. Also, Rutty's Mat. Med., Antiqua et Nova; Rotterodami, 1775, p. 215.

¶ Ray's Hist. Plant., loc. cit.

** Eliz. Blackwell's Curious Herbal, loc. cit. Paul. Ægineta, loc. cit. Culpepper's Herbal, loc. cit.

†† Curious Herbal, loc. cit.

‡‡ Ibid. Encyclopædisches Wörterbuch d. Med. Wissenschaften; Berlin, 1835. Boeclero, in his Cynosura Materiæ Medicæ, 1729, p. 533; Argentorati. Short's Medicina Brit., loc. cit.

§§ Encyclopædisches Wörterbuch, loc. cit.

‖‖ Gazette de Santé, 1773, p. 19; 1774, p. 223; 1776, p. 73, and 1777, p. 8. Parkinson's Herbal, loc. cit.

¶¶ Robertson's Oxford Hist., loc. cit.

*** Pharmacopœia Londinensis; translated by W. Salmon, Professor of Physick; fifth Edition, 1696, p. 59. See also several old foreign Pharmacopœias—as the Danish, Russian, &c.—for allusions to the medical virtues of galium.

††† Vol. ii., p. 289.

of a powder and an infusion of the plant being made by O. Borrichius, who wrote at Copenhagen towards the end of the preceding century. Short, also, in his "Medicina Britannica," *loc. cit.*, speaks of the galium luteum as being a vulnerary, and reported good in epilepsy and falling sickness, and describes a preparation of a syrup of the flowers for expelling the menses. Linnæus, also, in his "Materia Medica," 1772,* spoke of it as useful in hysteria and epilepsy.

The first specific case reported which I have met with in which epilepsy was said to be cured by the plant, was communicated in 1772 by M. Bonafos, junior, physician at Colioure, to Hautesierck's "Recueil d'Observations de Médecine des Hôpitaux Militaires," tome ii., p. 449.† It was that of a girl, eight years and a half old, who for more than two years had been subject to frequent and violent attacks of epilepsy. Bonafos, who asserts that he had seen marvellous effects from this remedy in the hands of his father and brother, of Perpignan, treated the patient with the expressed juice of the plant, in doses of four ounces, early in the morning whilst fasting, and subsequently with a strong infusion. The remedy generally induced much perspiration, and eventually produced an entire cure of the disease. At the end of one month the patient was attacked with an intermittent fever, which was thought by Bonafos to be capable of co operating in the cure of the epilepsy (alluding to the opinion of Hippocrates‡).

In the year 1775, Rutty§ described this plant as being useful for the cure of giddiness, spasm of the stomach, and the epilepsy of infants, as well as for burns and erysipelas; and speaks of preparations of the juice—infusion and decoction. He also quotes Ruppius as speaking of it as a soporific.

In 1787, Lieutand‖ alludes to the galium being much recommended in the epilepsy of children, and to an infusion of the plant being given as well as the fresh juice (in doses of half an ounce to an ounce), as an antispasmodic; and in 1792, Dr. Cullen, of Edinburgh,¶ spoke of the supposed efficiency of the flowers of the galium in epilepsy, of which he said he had himself made several trials. He fails, however, to say what preparations he made use of; and it does not appear that these trials were very successful.

In the following year (1793) the virtues of the galium were described by Murray, in a work published at Göttingen,** as especially serviceable in epilepsy, and as being a common remedy in Catalonia, according to Chomel,†† who mentions the juice as being used in doses of one tablespoonful.

Sauvedaur, in 1800,‡‡ spoke of the expressed juice of the galium mollugo as being useful in epilepsy, given on a fasting stomach in doses of five or six ounces; and of the galium verum§§ being used in hysteria and epilepsy, and also (as do many other writers) in hæmaturia; and in the year 1807 Miller (whose Dictionary has been before quoted) spoke of the French as using it for these purposes, quoting also Withering to the same effect.

In the year 1808 Willemet, in a work published at Paris,‖‖ observes,—"The flowering tops of the galium album vulgare may replace those of the yellow caille-lait: they are anti-epileptic and anti-gouty. Jourdan, rector of the hospital at Tain (Dauphiné), is the possessor of a remedy against epilepsy, which he has administered gratuitously, now for many years, with the greatest success. This is simply the juice of the caille-lait blanc given with precaution in the dose of five or six ounces." This description by Willemet is alluded to in the *Revue Médicale* of 1858, tome ii., p. 692, under the heading of "Spécifiques de l'Epilepsie;" and the question is very naturally asked, whether it would not be better for the rich proprietor of the secret to prevent the moving about of the unhappy epileptics by teaching them how to select and to prepare this common plant, which grows in a large number of localities. In the same passage a writer named Dervault is quoted as speaking of the galium as anti gouty.

In the "Dictionnaire des Sciences Médicales," Paris, 1812-1822,¶¶ it is stated that the infusion of the fresh flowers of the galium verum is anti-spasmodic, and used in nervous affections; and allusion is made to its use in Catalonia, and to its importation as a remedy into France, by Bonafos; and to its usefulness in the hands of Jourdan at Tain (before mentioned). It is also described as forming, according to Guersant, a sedative diuretic. The employment of it by Bonafos is also mentioned by Richter in his "Ausführliche Arzneimittellehre," 1827,*** quoting from the "Samml. ausserl. Abhandl. z. Gebr. f. prakt. Aerzt.;"††† and it is commended as useful in epilepsy. And in the same year (1827) Portal, in his work on Epilepsy,‡‡‡ p. 435, enumerates the galium among other useful remedies, quoting from Geoffroy's Materia Medica.§§§ Richards, in 1831,‖‖‖ spoke of the galium as diaphoretic, and as being formerly used in convulsive affections, though now not much resorted to; and in the same year I find that Merat and De Lens, in their "Dictionnaire Universelle de Matière Médicale et de Thérapeutique Générale,"¶¶¶ describe the galium as anti-epileptic. Later on, in 1835, its anti-epileptic properties are specified in the "Berlin Encyclopædische Wörterbuch" &c. before mentioned; and in 1840, in Geiger's "Pharmacentische Botanik" (second edition), by Nees von Evenbeck and Dierbach, it is stated**** that the fresh juice and the decoction of the galium verum were formerly much used in cases of epilepsy, hysteria, and skin eruptions; and of the galium mollugo it is stated that the expressed juice, mixed with wine, is given in cases of epilepsy and gout. In 1846, Duchesne, in his "Repertoire des Plantes utiles"†††† speaks in like manner of the galium mollugo. In 1850, Guibourt described the three varieties, galium luteum, mollugo, and aparine, as being all used in epilepsy.‡‡‡‡

To come to more distinct allusion to the remedial virtues of the plant in epilepsy, I will now transcribe part of a letter from the pen of Dr. Miergues, jun., which appears in the *Revue Médicale* for 1853,§§§§ in answer to certain questions which had been put to his father, and which is quoted from the *Revue Thérapeutique du Midi*. Dr. Miergues writes as follows:—

"In 1840 I pointed out to the Academy of Sciences‖‖‖‖ the employment of the galium rigidum and galium mollugo against epilepsy. I have since then continued my observations upon this property, sanctioned by the experience of three generations of practitioners. My grandfather probably was instructed by Gouan, his contemporary, who thus speaks in his 'Traité de Botanique Appliquée': 'It is to Jourdan, Rector of the Hospital at Tain, that we are greatly indebted for having at last given the formula of an anti-epileptic remedy which his family has long possessed; and indeed it is this species (galium mollugo) which was so vaunted by the ancients, and termed galium palustre, album altiore folio, &c.'

"Modern authors hardly mention this plant, which enjoys unexceptionable antispasmodic properties, and which, in the present state of the medical art, may be considered as the most trustworthy anti-epileptic. Pharmaciens are furnishing us with the extract of galium, which we employ in doses of eight grammes for children, and sixteen for adults. My experience has fully confirmed the opinion of Garidel, who observed that when the juice of this plant evacuates (*évacue*), its effect is most certain. The continued study which I have made of these preparations compels me to try and revive this valuable agent (*ce précieux agent*) fallen into oblivion. The following is the best preparation, and it is that which I have sent to our late *confrère*, Dr. Gril, of Nismes. I bruise the plant fresh, to which I add a sixteenth of its weight of alcohol. I then pound some time longer. I squeeze out and expose the juice at a temperature of 100°. I filter and dissolve in the filtered liquid as much sugar as will give it the consistency of a concentrated syrup, to which I add a quart of orange-flower water. This syrup has a very agreeable taste, especially for children, who take it with pleasure. The dose is one tablespoonful an hour when the attacks are approaching, and two or three evening and morning at other times."

The above-mentioned observations of Miergues are also quoted in the *Gazette Médicale de Paris*, 1853 (p. 699), and his description given of the galium, "comme l'anti épileptique le plus fidèle," briefly stated.

So much for the quotations and allusions which I have thought it well to bring forward from various writers regarding the galium as an agent in convulsive and spasmodic affections, specially epilepsy and hysteria. They are sufficiently numerous and important, I think, to form at any rate grounds for supposing that, as respects certain instances at least, prepara-

* Lipsiæ et Erlangæ, p. 50.
† Paris, 1772.
‡ Epidem., lib. vi.
§ Mat. Med., loc. cit.
‖ Précis de la Matière Médicale; Roues.
¶ Treatise on Materia Medica, vol. ii., p. 37.
** Apparatus Medicaminum tam simplicium quam præparaturum et compositorum, &c., vol. i., p. 536. Göttingen.
†† Abrégé de l'Histoire des Plantes Usuelles. Paris, 1739.
‡‡ Mat. Med. Londini, p. 95.
§§ Adams, in his translation of Paulus Ægineta, considers that the commonly used name of the plant "galium verum," implies that it is generally admitted to be the γαλιον, or galium of the ancients (more lately termed γαλεριον or γαλεριον).
‖‖ Phytographie Encyclopédique, p. 137.
¶¶ Vol. xix., p. 321.
** Bd. ii., p. 286.
†† Bd. i., st. 3, § 181.
‡‡ Observations sur la Nature et la Traitement de l'Epilepsie. Paris.
§§ Vol. vi., p. 303.
‖‖ Elemens d'Histoire Nat. Méd., tome ii., p. 277.
¶¶ Paris: tome iii., p. 326.
*** Zweite Hälfte, p. 893.
††† Bruxelles, p. 150.
‡‡‡ Hist. Nat. des Drogues simples, tome iii. p. 78.
§§§ Tome i. p. 601.
‖‖‖ I have in vain attempted to obtain further notice of this report of Mierques to the Academy of Sciences.

tions of this plant might be worthy of being used at the present time in cases of this kind. With the view of trying the effect of it in England, I had sent over to me by the kindness of M. Larnage a number of boxes of the galium lozenges, and also procured an additional number which remained unused from the friends of the English patient, whose case I mentioned previously. Moreover, I enlisted the attention of Messrs. Bullock and Reynolds, chemists, of Hanover street, who were good enough to procure a quantity of the fresh galium grown in Lincolnshire, as well as a quantity grown in the neighbourhood of Paris, and to prepare for me an extract of the recent juice and also a liquor. These preparations are made from the expressed juice of the plant, gathered whilst in flower, to which a very small quantity of water has been added, mixed with fifteen per cent. of rectified spirit, for the purpose of preserving the solution.* I am also having a syrup made according to the injunction of Miergues, as above alluded to, for the use of children.

With these supplies—viz., the lozenges made at Tain and the London made extract and liquor—I have treated several cases of epilepsy, as well private as hospital patients, and also some cases not of epileptic character, but requiring what we are wont to call anti-spasmodics. With my hospital patients at least I was, of course, unable to lay down with anything like success such strict rules and quietude of life as are desirable. I was obliged to be content with giving the preparations on an empty stomach three times a day, as much as possible refraining from giving other medical agents contemporaneously. In some cases—and they formed a large number—though not in all, obvious debility necessitated the conjunction of tonics; in others, subsequent to the use of tonics, anti-spasmodics, &c., I relied upon the galium singly administered.

I will not, in a communication of so general a nature as this, venture to offer anything like details of the cases in which I have given the remedy. They have been cases indiscriminately taken amongst patients of every age, and of both sexes, &c.; but in all cases, save one, I had reason for supposing that the cases were of inorganic origin. The result so far has been, on the whole, more favourable for the remedy than for any other that I have tried *in the same period of time*, whether the number of the seizures on the one hand, or their strength and complication on the other, be considered. In one long-standing and severe case, a young man of about twenty three years of age, by his own acknowledgment, the attacks were certainly kept, for above a year, at a minimum both in frequency and intensity, under its steady and continuous use, the change for the better occurring very shortly after the use of the remedy was begun.

I can only regret that I have been unable to give the remedy hitherto so fair a chance, so to say, as it ought to have, in the matter of attendant care, hygiene, &c.; for it is only under such more advantageous circumstances that either its curative properties could be fully shown, or the nature of its action properly investigated. I may here remark, that I have found as much benefit from the London-made preparations as from those brought from Tain. What may be the exact *modus operandi* of the galium I am far from being able to state. That it is not inactive I am sure. I have certainly, in some cases, found it provoke extensive vomiting and purging, and other very unpleasant consequences; and it will be remembered that in the recommendations above quoted as being given at Tain regarding the use of the tablettes, they are to be persevered with until a slight purgation is produced. It will be also borne in mind, that Dr. Miergues considered its action to be most certain when it acted as an "evacuant."

It may be that, in certain cases, its properties depend on a merely evacuant action. Again, it may be eliminative of some principle upon which, in some cases, the symptoms collectively termed epilepsy may depend, just as the colchicum, besides its purgative or evacuating action, appears to eliminate from the blood a specific element of injury. It ought here to be remembered that by some the galium has been looked upon as anti-gouty in its properties; and I know of one case in which the galium appeared to have produced considerable lithic-acid deposits in the urine. Or again, it may act beneficially by virtue of some sedative action upon the nervous system generally, or upon such individual parts of it as are well known to be pre-eminently concerned in the phenomena of epilepsy.

Of the immediate action of the galium, an English lady, who has known several patients, and had assiduously watched one, treated with it, observes: "The galium, as one of the first visible effects, produces better sleep, more tranquil nights, and greater calm in the system altogether. This alone, apart from any other benefit, made me glad to have known of the remedy." This renders it probable that, at any rate, some portion of its good effects arises from sedative properties.

It is quite clear that, at present, data so reliable as to form the basis of scientific conclusions regarding the distinctive properties of the galium album are wanting. Such can only be forthcoming when a large number of cases shall have been treated by the remedy, and when careful watching and distinction of the numerous kinds of cases in which the results of treatment have proved various shall have been instituted.

Already I have alluded to one or two cases of which I have heard on reliable authority in which cure or amelioration to a great extent attended the galium treatment. Others I have heard of in which no such good resulted. I will now advert to some cases with which I have more recently become acquainted, in which success appeared to follow this mode of treatment. One was the case of an English clergyman, who, having been incapacitated by epilepsy, had so recovered his health and intellect as to be able to return to his duties as parochial clergyman. Another was that of a gentleman who was so cured, as it was thought, by the treatment that he was allowed to leave England for Canada. Another was that of an Irish gentleman, who had received much benefit from the treatment. The mother of the patient, whose case I mentioned at the commencement of this paper, was first informed of the mode of cure by a French lady, who had seen several remarkable cures from it. Another case of which I have notice was that of a clergyman, who, in answer to my queries regarding the results of treatment in his own case, replied to me as follows:—

"Dear Sir,—I will very gladly give you all the information I can respecting the Tain treatment of epilepsy. Perhaps I shall do best by speaking chiefly of myself. My first attack came on about twelve years ago, each subsequent attack coming at two months' interval with considerable regularity. No medical treatment was of any service to me, except a prescription by the late Dr. Todd, of very careful and very scanty diet. I had then an intermission of a year and a half in the attacks; but they recurred, and some after-treatment—zinc was the medicine given—certainly aggravated very much the severity of the attacks. At that time I heard of Tain, and I went there in the following May. I have certainly found that, on the whole, the effect in my own case has been beneficial. My health generally has been gradually improving, and the fits have decreased in severity. For the first six months of last year I was entirely free from them; then they came on, and those which I have had latterly have, I think, been a little worse. Still, speaking on the whole, I can fairly say that I have improved under the treatment. Cases were mentioned to me, but of which I know nothing personally, which had received entire cure. Indeed, I saw a French lady there last year who had been, I was told, quite cured. And a young gentleman who remained for some months at the Asile was, I understood, cured." This gentleman then alludes to certain cases which had come under his notice of want of success in the treatment, and proceeds to remark:—"I think it not unlikely that the system may require more perseverance than some are inclined to give it, and that this may perhaps account for such failures as I have mentioned. However, it is too much to imagine that any one system can be universally successful, especially taking into account the mysterious nature of the malady itself."

The last case of which I have obtained information was that of an English military man, who has since died, but who for two years before his death had continuously taken the pâtes de galium, and who found benefit from no medicine so much as from this one. Of this case I have no further particulars, having only been informed of it by Mr. Hogg, chemist and druggist, of Albion-place, Hyde-park, who had himself procured the lozenges for this patient from Tain during that period.

It ought to be remembered that of the cases of Englishmen who have benefited by this treatment, perhaps all have been

* Jourdan, in his Pharmacopée Universelle, on Conspectus des Pharmacopées, &c., (Paris, second edition, tome i., p. 394,) gives several recipes for a "potion anti-épileptique," quoting from preceding formularies, and also for an infusion of caille-lait, to be used as calminative and anti-spasmodic. Of these, the first is from the Nouveau Formulaire Médical et Pharmaceutique (Sainte-Marie), Paris et Lyon, 1840, and consists of six ounces of the expressed juice of caille-lait, and from one to two ounces of white wine. A second is from the Mémorial Pharmaceutique of Piergain (Montpellier, 1824), and consists of tincture of castor, twenty drops; vinegar of rue, two ounces; and distilled water of caille-lait, three ounces. A third is from the Formulaire de Montpellier, by Bonés, 1830, and consists of three ounces each of distilled water of caille-lait and of lime-leaves; vinegar of rue, two drachms; tincture of castor, twenty drops; and syrup of starchas, one ounce. This is recommended to be taken when the warnings of the attacks are experienced. The infusion of caille-lait is to be made according to Ratier's Formulaire Pratique des Hôpitaux Civils de Paris, 1832, fourth edition, by adding two pints of boiling water to two drachms of the flowers of the plant, and is recommended by Chaussier in cerebral affections as a calminative, to be taken tepid.

cases in which previous modes of treatment, of almost every possible kind, had been found to fail.*

I will now bring to a close the observations which I have put together on the subject. To resume: After continuing to use the galium in several cases subsequent to my first visit to the Asile at Tain, I determined to pay a second visit in the autumn of last year, hoping to find the expectations regarding the enlargement of the institution realized. This I did in August, but found that in most respects things were much in the same condition as when I was there previously. Some slight alterations had been effected, but I did not learn that the accommodation for patients had been to any great degree enlarged. One patient whom I mentioned as having met and talked with at my first visit, in 1858, was still there, deriving, as he thought, benefit; and I was glad to find that they were building a handsome solid stone chapel for the use of the Asile, apart from the building itself. This was provided with two separate large recesses, for the accommodation of patients when attacked with seizures during Divine service. I have no doubt that not only will the provision of a chapel conduce to the comfort of the patients, but that the administrations connected therewith will contribute towards the success of the general treatment pursued. I believe that the non-accomplishment of the contemplated enlargement of operations is owing to the calls upon public sympathy being less readily responded to than was anticipated. Moreover, I found that Dr. Pialla, whom I before described as having contributed by his courtesy towards my understanding so much of what was being done there, had left the neighbourhood. In his place was Dr. Perriat, a gentleman practising at Tournon, who kindly showed me several cases of much interest amongst the inmates.

As regards the galium, I found that since my previous visit, in addition to the pâtes, two other preparations of the juice were made—namely, one combined with chocolate, and one in the form of a syrup. These were made for the convenience of those who visited the Asile periodically; to be used, like the lozenges,† in the interval. The syrup is sold under the term, "Sirop anti-spasmodique," and is described as having been employed with success in all affections of the nervous system, in the case of irritable persons, and of those who are fatigued after prolonged exertions, or by chronic disease. It is said to possess to some degree the advantages of opium without its inconveniences, "calming, without acting upon the brain," producing quiet nights, and replacing all narcotic preparations, "which," it is said, "ought always to be excluded from the treatment of nervous affections." It is to be taken morning and evening, two hours before and after food, in doses of one or two tablespoonfuls, in an infusion either of the lime or orange-leaves. Moreover I found that since my previous visit, M. Larnage had had prepared a number of questions, printed on paper, to be answered by patients who apply for relief, so that in time he may procure a series of regular and valuable statistical observations. The questions are on the following heads:—Name, residence, age, profession, height, state of life (married or not), temperament, character, state of intelligence, state of memory, health of father and mother or cause of their death, age at which the attacks appeared, cause of attacks, period of time of their occurrence, at what intervals, mode of access of the attacks, duration of attacks, condition of patients after the attacks, what remedies have been used and with what effect, whether the attacks occur in the day or night. It is clear that replies to these queries from so many patients as come to Tain twice a year, would furnish interesting scientific results; yet considering the amount and kind of research which has been of late devoted to the study of epilepsy and kindred affections, and the numerous alliances and connexions which it has been found to possess, more comprehensive and particular questions might advantageously have been proposed in addition.

Such, then, is the sum of the information which I am in the position to offer regarding the Asile at Tain, and what may be called the galium treatment there afforded. I will not now be so bold as to give any definite opinion regarding the claims of the treatment upon the attention of the profession. Whether the supposed anti-epileptic virtues of the galium are due to eliminative or to sedative properties—or whether, indeed, the method of treatment adopted derives any considerable measure of its success from the galium, or is only valuable by reason of the hygienic accompaniments, the attention to diet, the well-ordered life in reference to exercise, sleep, mental emotions, &c., regulation of the secretions, &c., which are very strictly enforced*—I will not take upon myself to determine. I am well aware of the valuable effects of these hygienic and common-sense precautions in the treatment of epilepsy, *whatever strictly therapeutic line is followed out* (advantages which, however, the crowds who flock to Tain yearly can hardly be supposed to possess to any extent); and I also well know what effect, of a longer or shorter duration, the use of anything like a *new remedy* has upon many patients. Yet, with all these considerations, I have felt that the manner in which the galium treatment has been from time to time for many years spoken of, and the use of it in my own hands, afforded ample reason for its being well considered and brought prominently forward, in order that, by abundant and simultaneous trials in diverse cases and under various circumstances, its expected properties—the *rationale* of its action—may be thoroughly tested.†

I would press the galium album upon the attention of the profession as at any rate not wholly unworthy of trial, not merely in reference to epilepsy, but also in reference to other diseases in which the class of remedies termed sedatives and anti-spasmodics are usually considered necessary.

Upper Brook-street, May, 1862.

CASES IN PRACTICE.

By FREDERICK DALTON, Esq., M.R.C.S.

THE following cases have lately been under my care, and may, perhaps, be of some interest:—

The first case is that of a lady, aged sixty, single, suffering from a painful sore at the side of the right labia minora. It commenced early in February, 1859, slowly increased, and resisted the usual remedies, including caustic and black-wash externally, with mercury and opium internally. By the month of May the sore was about an inch and a half in diameter, situated on indurated tissue, the edges everted, with a slight irritating discharge. Its severe lancinating pain rendered the contact of dressing unbearable.

May 14th, 1859.—I commenced using a lotion, composed of one drachm of trisnitrate of bismuth, with an ounce and a half of olive oil, to be dropped on to the sore every hour or two; my patient taking a draught containing five grains of iodide of potassium three times a day. In the course of a few days the pain somewhat diminished; and at the end of three weeks the sore looked less unhealthy. The treatment was continued till October, when the sore was completely healed.

The second case is one of cancer, occurring in the breast of the housekeeper of the above lady. The patient was unmarried, aged forty-nine. Menstruation had ceased two years previously. A swelling was first observed in July, 1861. This

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* I would here allude to a popular description of the galium system of cure recommended at Tain, which I have just had pointed out to me, to be found in a little periodical called "The Monthly Packet" (see number for January, 1862). This account is written by one who had been a patient at Tain, and contains allusion to several cases of benefit and cure. It is stated: "Last year I saw a young lady who had been entirely cured. She had come indeed (to Tain) to take the medicine as a continuance of precaution, but had not had a fit for a year and a half. I knew a young gentleman, also, who came to stay at the Hospice, where, also, there was at the time another Englishman. Both were cured. In the letter that I have referred to before there is an account of a French priest of Toulouse, who had become quite idiotic from having suffered for six years from this disease. There was another of a Piedmontese gentleman, who had been a sufferer for thirty years, and was reduced to the same melancholy condition. By the persevering use, however, of this system both were eventually cured: their faculties were restored, and they were able to resume their occupations."

† As in the case of the pâtes or lozenges of galium, the syrup and chocolate are only to be bought at the Pharmacie du Bureau de Bienfaisance, Maison de Secours des Sœurs de St. Vincent de Paul, where it is sold for the good of the poor, and given gratuitously to all who can produce a certificate of poverty, signed by the mayor and curé of their district, and of the epileptic nature of their case by the physician. The lozenges are sold at three francs a box, containing twenty-four. The "sirop" is sold in bottles, at eight and four francs each, of about the size of wine bottles.

* "Aer, esca, quies, repletio, gaudia, somnus—
Hæc moderata juvant, immoderata nocent."

† I find from the Pharmaceutical Journal and Transactions, edited by Jacob Bell, vol. xii., p. 190, 1852-3, that Robert Schwarz analyzed the galium verum, and found it to contain the same principles as the galium aparine—i. e., besides chlorophyll, starch matter, and other principles common to all plants, three distinct acids—namely, a variety of tannin which he terms gallitannic acid, citric acid, and a peculiar acid previously discovered by Schwartz and Rochleder, and named rubichloric acid. Now it must be remembered that the uses of the galium aparine have long been known as aperient, diuretic, and anticorbutic (see Wood and Bache's Dispensatory of the United States of America, eleventh edition, 1858, p. 1414). Possibly, from all this, the view that the action of galium verum or mollugo is eliminative, may receive strength. Another variety, the galium rotundifolium, was considered as to its medical properties, which are described as being "blood-purifying," in an Inaugural Dissertation by Selig at Erlangen in 1802.

slowly increased till the middle of December, when its growth became more rapid. When first examined on the 3rd of Jan. last, it felt as a hard, irregular, rounded mass, about four inches in diameter, and free, except at the portion to which the nipple was retracted.* The superficial veins were enlarged, and the integuments becoming slightly inflamed. The axillary glands were not affected.

On the 9th of January (my patient objecting to chloroform) I removed the tumour by transfixing the breast for the outer flap, and then dissecting as usual. On the third day the wound was healed, with the exception of a small portion, which has since granulated healthily.

Under the microscope the tumour exhibits the cells considered diagnostic of cancer. My patient, who is in good health, is now taking liquor arsenicalis, in small doses, with her meals.

Doughty-street, May, 1862.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

CARCINOMA OF THE SPINE, HEART, INTESTINES, AND OTHER ORGANS, IN A BOY AGED FIFTEEN YEARS; PARAPLEGIA; DEATH.

(Under the care of Dr. REES.)

THE following case is full of interest on account of its extreme rarity. The spinal symptoms were manifested only five weeks before admission, having produced complete paraplegia. The reader will obtain much information, with the details of several cases of cancer affecting the spinal column, meninges, and medulla, in Dr. Walshe's valuable monograph on this disease. This physician mentions, that when cardiac cancer is associated with cancer elsewhere, it is always secondary; and of twenty-five cases which he had brought together, in two only was it affirmed to be limited to the heart.

Samuel J——, aged fifteen, was admitted into John ward on the 17th of December, 1861. About five weeks before this he began to feel pain in his back, and soon afterwards weakness in his legs. This had increased to total paralysis when he was admitted. There was paraplegia, of motion complete, and loss of sensation as high as the knees. The paralysis gradually increased upwards until the respiration became affected, but the arms remained free. A tumour could be felt in the lower part of the abdomen. He died on the 31st.

Autopsy, twenty four hours after death.—The body was spare, and on the buttock was a slight bed-sore. Spine: On cutting through the skin, a mass of cancer was seen infiltrating the muscles over the upper part of the dorsal region. This cancer had penetrated between the arches of the vertebræ, and had entered the spinal cord. To the outer surface of the sheath at this part cancerous growths were attached. On opening the sheath the arachnoid appeared quite healthy, and the cancer had not entered. At one or two spots on the cord slight projections existed, which suggested the presence of some distinct deposits of cancer; as, however, the cord was here much softened, this was not satisfactorily ascertained. On passing the finger along the whole length of the cord, the projections in the cervical and lumbar regions were found to be of their natural hardness; but the whole of the cord between these was remarkably soft. When incised, the softened medullary matter squeezed out in a semifluid form. This was most apparent in the upper part of the dorsum, where the disease existed outside. Numerous granular bodies were seen by the microscope.—The lungs were in a state of chronic lobular pneumonia. The lower lobe was solidified, the section showing masses of grey hepatization scattered through them, and the intervening tissue the subject of a more recent inflammation. No cancer was discernible. The heart contained the usual coagula; but growing from the septum auriculorum was a carcinomatous tumour about the size of a small walnut, and attached by its long axis. It grew from the lower border of the foramen ovale, and projected into the right auricle. This growth did not appear in any way to interfere with the heart's action.—Abdomen: At the lower part of the belly, and lying more on the right side, was a tumour covered by omentum. On removing the latter, it was found quite movable, being a cancerous growth of the large intestine. The tumour was about the size of a closed fist, and was formed by cancer of the coats of the bowel and cancer of the mesentery and its glands. On cutting through the intestine, the disease was seen to affect its coats throughout, and the intestine, being distended, formed a large cancerous surface the size of the open hand. The walls were nearly a third of an inch in thickness, and apparently composed entirely of the new substance. The mucous membrane was in parts destroyed, but the peritoneal coat remained, the disease appearing through it as a milk-white tumour. The walls of the diseased part were very hard, and the cancer did not suddenly cease by a defined edge, but was continued upwards and downwards in the submucous coat; and, as a consequence, the valvulæ conniventes, being thus infiltrated, projected as hard ridges across the bowel. The mucous membrane being here intact, it required the finger to feel how the usually soft folds of mucous membrane had become changed into these hardened ridges. The cancer extended into the mesentery, and some of the neighbouring glands were enlarged. The adventitious substance was soft, but did not emit so opaque and milky a juice as in the most marked cerebriform; it appeared to contain much delicate fibrous tissue. At this part it was not apparent in which tissue the disease had commenced; but a short distance from it, another portion of bowel was affected in a less degree, which clearly showed that the disease had commenced in the coats themselves. A white hard mass, about the size of a half crown, was observed in the coats of the intestine, and, on cutting open the bowel, this was seen to be formed in the coats opposite the mesentery. It had not quite encircled the bowel, and thus the side attached to the mesentery was free. The mucous and serous membranes being free, the disease appeared to be formed in the sub-tissue either of mucous or serous membrane. The disease was situated at about the lower end of the jejunum. The liver and spleen were healthy. Kidneys contained several large nodules of cancer. Both testes contained cancer, or rather the epididymis of both, and the vas deferens of the left.

* This nipple, and the one of the other breast, had been retracted some years.

CANCER HOSPITAL.

CARCINOMA OF THE SPINE AND OF BOTH BREASTS; FATAL RESULT.

(Under the care of Mr. WEEDEN COOKE.)

J. B——, aged forty-five, was admitted in April, 1860, with scirrhus of both breasts. The induration was extending across the sternal interval, the "*scirrhe en plaques*" of Velpeau. She improved in her general health, and no progress in the disease was apparent until about two months after admission, when she began to complain of pain in the region of the first lumbar vertebra, with much loss of power in the lower extremities. This increased until she became quite unable to rise from or turn in her bed; faintings and great general prostration of strength, with sleepless nights, supervened, and she lost all appetite for food. The bowels acted with great difficulty, but there was no retention of urine. There was slight enlargement over the first lumbar vertebra, and pain on pressure. Unfortunately no post-mortem examination was obtained in this case. She wished to go home to die, and that event happened a few days after she left the hospital. Although the proof was wanting, the symptoms notably pointed to cancerous deposit in or around the lower part of the spinal cord.

ST. GEORGE'S HOSPITAL.

EFFUSION OF BLOOD INTO THE SPINAL CANAL IN A CASE OF CHOREA.

(Under the care of Dr. FULLER.)

ANN H. H——, aged nine years, was admitted March 5th, 1862. Two years before, she was a patient under Dr. Fuller for chorea, which was the result of fright, and which yielded to treatment. Until November last her health continued good, but at that date she had scarlet fever, and had since suffered from pains in her limbs and ankles, which had never quite disappeared, and which had been more severe of late. Ten days before her admission she had been again attacked, without any ostensible cause, with most severe chorea, and from the frequency and violence of the attacks had not slept for several nights. Her tongue was coated, pulse 76, bowels open from medicine, and urine scanty and turbid. There was a loud systolic murmur audible at the apex of the heart; the convulsive movements were almost constant, affecting all the limbs, and throwing into violent action the muscles of the face and neck; occasionally with this she ground her teeth loudly, and very frequently screamed, especially if for a few minutes the convulsive movements had ceased. She was ordered a mixture of iodide of potassium and bicarbonate of potash every six hours; next day it was ordered every four hours.

On March 7th no improvement had taken place, and her screams had been so loud during the night that she was removed from the ward. She had passed no urine, but was quite sensible, and called to the nurse for anything she required. She took her nourishment freely, bolting it with a sort of spasm. Her medicines were continued, with morphia at bedtime; on the 8th they were omitted, and the sixteenth of a grain of strychnine given every six hours. On the following day there was some slight diminution of the convulsive movement, though sores were beginning to form upon the hands, mouth (which she kept constantly rubbing), elbows, and back, from the constant friction. On the 10th she had passed a very restless night, was frequently convulsed, and seemed low and exhausted. Port wine was ordered, and sulphate of zinc was added to her draught, to be taken every four hours. Her strength began rapidly to fail; she remained sensible, screamed, but often slept for short intervals. On the 14th she sank from exhaustion.

Autopsy, thirty-three hours after death.—The layers of pericardium were attached together by a little recent lymph. The inner surfaces of the mitral valve flaps were loaded with recent blood-stained fibrin. The lower part of the right lung was in a state of red hepatization. The vessels on the surface of the brain were much distended with blood, and the white matter throughout was very full of loaded vessels. Flakes of red coagulum were adherent to the outside of the spinal dura mater. When this was cut open, the inside of the membrane was of a dull-red colour, but perfectly smooth and shiny. The pia mater of the cord was very vascular; the cord itself to all appearance natural. When the cord, with the surrounding membranes, was removed from the spinal canal, a series of recent blood-clots were seen lying upon the bodies of the vertebræ, from the first dorsal to the last lumbar. These were very small above, but became larger below. Some little blood appeared to lie loose between the periosteum and the outside of the dura mater, but the coagula were for the most part beneath the periosteum which covers the central part of the body of each vertebra. All the neighbouring veins were very full of blood. When a probe was put through one of the clots, it appeared to come upon a surface of bone, roughened as if by caries.

ST. BARTHOLOMEW'S HOSPITAL.

GOOD EFFECTS OF CHARCOAL ENEMATA ON THE EVACUATIONS OF DYSENTERY.

(Under the care of Dr. FARRE.)

AT this hospital a patient has just become convalescent, whose recovery was to some extent accelerated by the use of enemata of charcoal.

James M——, a block-cutter, aged thirty-four, whose habits are regular, was admitted on April 3rd. Without any clearly assignable cause he was attacked with all the symptoms of dysentery ten weeks before admission, the motions being very bloody, and the pain in the epigastrium severe. He was treated at first by Dr. Farre's usual plan of grey and Dover's powders, without any effect. He was then given acetate of lead and opium with some benefit; but the stools continued to be horribly offensive. This last condition was arrested by charcoal injections, which acted most admirably; their use was required for about eight days only. When we last saw the patient (May 5th), the dysenteric symptoms had ceased about two weeks, and he was nearly well. He was taking taraxacum with infusion of gentian.

The use of charcoal enemata is worthy of remembrance in such cases as the above, when the stools persist in maintaining a very offensive character.

KING'S COLLEGE HOSPITAL.

CLINICAL REMARKS ON A CASE OF STRICTURE OF THE FEMALE URETHRA.

(Under the care of Mr. FERGUSSON.)

THE present instance, Mr. Fergusson remarked, was one of the curiosities of surgery. He had not seen such a case before, simple though it was. The patient, a woman about thirty-five years of age, had been sent to him by a friend in London, as she could not void her urine. He endeavoured to pass an instrument into the bladder, but could not succeed. She had much pain after micturition, and had some of the symptoms of calculus; and he was prepared in his operation to have extracted a stone, if it had been present. He thought the best plan to adopt was to give her chloroform, and enlarge the urethra at once by a single operation, in preference to submitting her to a number of operations by dilatation, as is practised in the male urethra. "You may remember," Mr. Fergusson said, "that I could pass only a small instrument, not larger than an ordinary probe." A No. 3 catheter could not be passed, but he succeeded in getting in a grooved director, and, with a little force, introduced a small sound upon it; when, finding no stone present, he ran a narrow probe-pointed bistoury into the urethra, and made a notch on either side, and then readily passed a No. 8 catheter. He now anticipated that the urethra would assume its normal dimensions. The stricture, he further remarked, probably arose from a large ulcer at the orifice of the urethra, the contraction of which in healing had ended in a severe stricture. The previous history of the patient, however, was unknown. The subject, he said, was not mentioned in any of the ordinary books.

In the "Mirror" of the 23rd February, 1861, we placed on record an instance of stricture of the female urethra, under Mr. Curling's care at the London Hospital, caused by injury in childbirth, and cured by dilatation. In our remarks on that interesting case we gave references to other examples, especially to one published in the fourth volume of the Cyclopædia of Anatomy and Physiology (p. 1267), also occurring in the practice of Mr. Curling. Another instance of the same malady, associated with rupture of the perineum, will be found in the following case.

LONDON HOSPITAL.

VESICO-VAGINAL FISTULA COMPLICATED WITH URETHRAL STRICTURE; ONE OPERATION; CURE.

(Under the care of Mr. MAUNDER.)

A. H——, aged twenty-two, has borne two children, and on each occasion was delivered by forceps. Immediately after the birth of the second child the urine flowed per vaginam, and continued to do so up to the day of admission, Feb. 11th, 1862. On examination, a fistulous opening, about half an inch wide, running transversely, and situated about two inches from the meatus urinarius, was found to exist, establishing a communication between the bladder and vagina. A No. 6 catheter, introduced by the meatus, travelled the urethra; but, instead of entering the bladder, passed into the vagina through the fistula. Catheter No. 2 only entered the bladder.

Four weeks were occupied in dilating the stricture, when, on March 12th, No. 10 catheter having been passed into the bladder, the patient was put under the influence of chloroform while lying nearly prone. The edges of the fistula were vivified, partly by the aid of Mr. Bryant's "pronged guide" (made by Millikin, St. Thomas' street, Borough), and partly with forceps and scalpel. This step completed, the raw surfaces were

brought together, and kept in apposition by the interrupted wire suture, the cut ends of which were afterwards protected by a perforated shot. An elastic catheter, changed every second day, was retained in the bladder until the eighth day, when, having set up a good deal of irritation, it was removed altogether, and the patient at once passed urine per urethram. On the ninth day two sutures were removed, and a little urine appeared to well up through the fistula. On the fifteenth day the remaining sutures were removed, and since that time (26th March) the patient has been going about the ward, and has even left the hospital, the whole of the urine passing per urethram.

April 5th.—There is a tendency to reproduction of the stricture, which will probably necessitate the use of a bougie for some time to come.

WESTMINSTER HOSPITAL.

CLINICAL REMARKS ON AMPUTATION OF THE LEG, IN A CASE WHERE PULMONARY TUBERCULOSIS WAS PRESENT.

(Under the care of Mr. HOLT.)

ON the 6th of May, a male patient, aged about fifty-five years, was submitted to amputation of the left leg, above the knee, for exhausting disease of the latter. The pain and suffering were so great that the man prayed to have his leg removed. He was greatly reduced in health; and now had deposit of tubercle in both lungs added to his other complaint. The operation was performed solely as a palliative measure, to relieve suffering, and to prolong life if possible, even for a short period of time. After it was accomplished, Mr. Holt made some clinical remarks.

He said that this man had been in hospital some time ago, under his care, for disease of the knee-joint of eighteen months' duration. By active treatment, such as the use of blisters, confinement of the limb in splints, and attention to the general health, the patient left the hospital tolerably well. Mr. Holt had hoped that it was one of those cases in which, being treated sufficiently early, the improvement would have continued. The man, however, met with an accident, and fresh inflammation was set up, which proceeded to involve the articular cartilages and ends of the bones. Abscesses formed around and within the joint, and it became deformed as well as diseased.

The patient was now in such a low condition that it was quite impossible he could recover. The question arose whether amputation or excision should be performed. In this there was no choice left; for the general health was bad, and, on examining the man's chest, the lungs were discovered to be studded with tubercles. There was no hope therefore from the adoption of excision, as there was an absence of that amount of health necessary for the repair and union of the divided ends of the bones. Should his leg be amputated? or should he be allowed to go on and die with such terrible suffering as he had? Mr. Holt urged him to undergo the operation to allow of some relief for the time being, with the possibility of arresting the pulmonary disease. This, Mr. Holt observed, was not a new doctrine, for it had been broached by other surgeons, whose experience showed that it was an advantage. He therefore gave the man this chance.

The operation was not quite so rapid as is sometimes seen, for all the tissues were so infiltrated with disease that they adhered to the femur, and did not retract on division. The tissues had to be cut away from the bone. Very little blood indeed was lost, and the man is not placed in a more unfavourable condition than before. It will be interesting to watch, Mr. Holt remarked in conclusion, whether the lung-disease will become arrested by the removal of such a painful and exhausting affection of the limb.

Up to the present time the man has progressed favourably, and there is certainly no aggravation of the chest malady. The operation, therefore, has proved decidedly advantageous.

RAILWAY ACCIDENTS.—A small but most remarkable blue book has just been issued, enumerating the number and nature of railway accidents on all the lines of the United Kingdom in the year 1861. The grand total is formidable enough, representing no less than 284 persons killed, and 883 wounded by railway accidents. In this awful list of sacrifices, paid for the benefit of cheap travel, the London, Brighton, and South Coast leads the way by 23 killed and 209 wounded.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

DR. COPLAND, PRESIDENT.

A REPORT by Dr. Ogle and Mr. Ernest Hart was read, on Mr. Hart's case of Cystic Mammary Tumour exhibited at a previous meeting. It proved to be a simple fibro-cystic tumour.

Dr. HARLEY showed the

SUPRA-RENAL CAPSULES AND PORTIONS OF SKIN

from a patient who was supposed to labour under Addison's disease. This woman, aged sixty-four, was first brought under Dr. Harley's notice by Mr. Henry Thompson in April, 1858, at which time nearly her whole body — face, arms, and trunk, down as far as the thighs — was of a dark-bronze colour, with the exception of one spot on the breast, about three inches square, which presented a marked contrast to the surrounding skin. This was the cicatrix of a burn, caused in early life by boiling water, and, while all around was bronzed, it alone retained the natural white colour. The feet, ankles, and legs, up to the thighs, were also fair. The woman had been under medical observation during the last four years. She had occasionally suffered from hepatic symptoms, associated with gastric derangement; and, during the latter weeks of her life, from vomiting, diarrhœa, and great debility, which ended in convulsions, during one of which she expired. The capsules were perfectly healthy as regards weight, size, colour, and microscopic appearances. The skin had the usual dark pigment deposit in the rete mucosum, and had the supra-renal capsules but been diseased, the case would, no doubt, have been considered a typical one of Addison's disease.

Dr. WILKS was not aware that there were many cases of marked bronzed skin without supra-renal capsular disease, nor that there were many examples of the peculiar degeneration (not cancerous or tubercular) of the capsules existing in which the bronzed skin was not present. Further, it should be remembered that there were certain symptoms besides the sign of bronzed skin, the presence of which was necessary to show the existence of the disease; and Dr. Addison himself believed that bronzed skin was not always necessarily present, though almost invariably so.

Dr. HARLEY believed there had been fifty cases of the kind alluded to scattered through the English and foreign journals. Virchow, whose opportunities were extremely large, had not been able to recognise this disease, although he had sought it carefully.

Dr. BRISTOWE believed that the evidence which had been brought before this Society on the subject was greatly in favour of the existence of bronzed skin with the peculiar disease of the supra-renal capsules referred to.

SPECIMEN OF BIVALVED AORTA.

Mr. BARWELL showed this case, sent him by Dr. WILLIAMS, of the Norfolk and Norwich Hospital, from an elderly man. The aorta possessed two valves instead of three; no other malformation was present; no atheromatous or other disease of the vessels existed. This was an extremely rare condition of these valves.

Mr. CANTON exhibited a specimen of

MALPOSITION OF THE RIGHT KIDNEY.

This organ occupied the upper part of the anterior surface of the sacrum, and extended over the promontory. Close above it was the bifurcation of the aorta. The renal vessels were two in number; one sprang from the aorta immediately before its division, and the other arose from the left iliac artery. The kidney was unusually small and somewhat lobulated. The pelvis of the organ and the upper part of the ureter were distended by a large oxalate-of-lime calculus. The sigmoid flexure of the colon was on the right side of the body. The specimen was removed from an old dissecting-room subject.

Dr. WILKS exhibited the following:—

I.—ANÆMIA LYMPHATICA, WITH SPECIMENS OF ENLARGED LYMPHATIC GLANDS, AND PORTIONS OF VISCERA CONTAINING A PECULIAR DEPOSIT.

The case was that of a young man, aged twenty-nine, who had been under the care of Mr. Roper, of Shoreditch, for three years, and whom Dr. Wilks had also occasionally seen. The symptoms were of the usual kind: anæmia with all the accom-

panying phenomena, the patient being very pale, and having palpitation and breathlessness on the slightest exertion. There was no excess of white corpuscles in the blood sufficient to warrant the designation of "leucocythæmia," and this being what Dr. Wilks has usually found in other cases, he has preferred the appellation "anæmia lymphatica." During life the only apparent enlargement of the glands was in the neck; but after death a very large tumour of enlarged lumbar glands was found in the abdomen. There was no deposit in the spleen, as is usual in such cases; but the liver was very remarkably affected. Throughout the whole organ was a quantity of white albuminous material, running in the course of Glisson's capsule, and surrounding the vessels and duct. This constituted the great peculiarity of the case; for although before observed, Dr. Wilks had never witnessed it existing to this extent. In all probability this form of disease is a peculiar one, in which the lymphatic system throughout the body is more or less affected; the enlargement of the glands being the main characteristic, after this, deposit in the spleen, and then similar deposit in the liver, kidneys, &c. The symptoms during life are simply those of anæmia.

II. JAUNDICE IN AN INFANT, WITH OBLITERATION OF HEPATIC DUCTS.

This specimen of liver came from a child aged six weeks. He was brought to the infirmary in the Waterloo-road, suffering from jaundice, and Dr. Wilks was told that the child had never passed meconium, the motions always being white. When a fortnight old, jaundice came on, and continued until death at the age of six weeks. After death the liver was found of a dark-green colour, and apparently the gall-bladder was absent. On further examination, however, the cellular tissue, which appeared to occupy its place, was found to contain a small canal just large enough to admit a bristle. To this, however, no exit could be found; and on endeavouring to discover the hepatic ducts, these in like manner could not be made out. The opening of the common duct in duodenum was natural; but no hepatic duct could be found joining the pancreatic. It appeared therefore as if the larger ducts had become shrunken and obliterated.

III. TWO POUNDS OF FAT REMOVED FROM A CYST NEAR THE BLADDER.

This was sent to the museum of Guy's Hospital by Mr. Pretty, of Fressingfield, Suffolk, for an opinion as to its nature. This gentleman was called to a young man suffering from retention of urine, which had gradually been coming upon him for some time. He was relieved by a catheter, when there was found a large tumour pressing upon the neck of the bladder, and reaching above the pubes. As the relief by catheterism was only temporary, Mr. Pretty explored the tumour, and subsequently punctured it per rectum, when there flowed through the canula two pounds of oil, which consolidated on cooling into a mass of fat.

Dr. Wilks knew of no similar case, and said the only cysts containing a fatty matter of this kind were the dermoid cysts of the ovary, and the analogous congenital cysts containing hair sometimes found in other parts of the body.

IV. GOUTY DEPOSIT IN THE JOINTS AND BONE.

These were specimens of gouty deposit in the knee, ankle, and joints of the foot; also a finger, showing urate of soda deposited in the bone itself.

V. LIGATURE OF THE COMMON CAROTID.

A specimen exhibited for Dr. Tyerman, of Colney Hatch, from a man who died three days after he had cut his throat, and in whom the carotid was tied.

OBSTETRICAL SOCIETY OF LONDON.

MAY 7TH, 1862.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

THE titles were read of upwards of 200 works on Obstetric Medicine, presented to the Society by Sir Charles Locock, Bart., M.D., &c., the Honorary President.

ON THE INTERNAL SURFACE OF THE UTERUS AFTER DELIVERY.

BY J. MATTHEWS DUNCAN, M.D., ETC.,
LECTURER ON MIDWIFERY, EDINBURGH.

In this paper it was proposed to show that as the modern ascertainment of the true condition of the decidua or mucous membrane of the uterus in early pregnancy was a great acquisition for physiological science and for practical medicine, the completion of our knowledge of the condition of the same part in the end of pregnancy and after delivery would be equally if not more valuable. Our understanding it thoroughly would contribute greatly to our comprehension of various post-partum diseases, and especially of the heterogeneous aggregation included under the name of puerperal fever. In regard to both of these subjects, the writings of William Hunter had been grossly misinterpreted. Errors which his brother John had introduced had been attributed to him, while a careful scrutiny of his writings showed that he held and taught, though in an imperfect manner, the modern and undoubtedly correct views regarding the decidua of early pregnancy, and the state of the mucous membrane after delivery.

Cruveilhier was the anatomist on whose authority most modern authors rested, asserting that after delivery the whole internal surface of the body of the uterus was left, like an amputation stump, a bare muscular surface, and that healing was effected after a process of suppuration and granulation. This theory was quite inconsistent with physiological and pathological laws, and with the known facts regarding the uterus and the lochia. Heschl accepted the statement of Cruveilhier regarding the denudation of the muscular fibres of the uterus, and only suggested a new theory explanatory of the mode of healing of the surface. Dr. Matthews Duncan maintained that at no time was the muscular tissue laid bare; that a layer of mucous tissue was left everywhere covering the proper muscular structure; that, as the uterus diminished in size, this mucous tissue increased in thickness; and that healing took place by a process analogous to that followed by the skin or any mucous membrane denuded of its superficial portions. He had particularly to point out that this was true of the placental site, in which the persistently open uterine sinuses, after a rich mucous membrane was evident, showed that no new membrane was formed over the old placental surface, as Cruveilhier and Heschl imagined, but that the remains of the decidua serotina reconstructed a new mucous membrane.

The author alluded to the valuable contributions to our knowledge of this subject from Priestley and Robin, and commented on the ignorance or neglect by the latter of all but French observations on this subject. He did not agree with the opinion of Robin, adopted by Priestley: that the old uterine mucous membrane is detached about the middle of pregnancy, and a new one then begins to be formed. This notion was quite inapplicable to the placental site; it was quite in opposition to the fact that at no time was the internal surface of the uterus found denuded of mucous structures, and no sufficient observations were adduced on which it could be founded.

The new views regarding the internal surface of the uterus after delivery were in accordance with all the other known facts on this subject, especially the absence of inflammation and the nature of the discharges after healthy delivery.

Dr. PRIESTLEY said that he would not long occupy the time of the Society, but as Dr. Matthews Duncan had made frequent reference to his published observations, he craved permission to say a few words. The chief questions at issue were, 1st, What is the condition of the interior of the uterus after delivery? and 2nd, By what process does the interior of the uterus regain the condition of the unimpregnated organ? In reference to the first point, Dr. Priestley had no hesitation in expressing his conviction that the sagacious opinion of William Hunter, so ably discussed and confirmed by the researches of Dr. Duncan, was the correct one. The plane of muscular fibres lying next the cavity of the uterus was not denuded in the way described by M. Cruveilhier; and the interior of the uterus was only so far analogous to a stump after amputation, that large divided vessels were found open at the placental spot. In reference to the second point, he differed from Dr. Duncan so far that he believed the chief portion of the laminæ lying next the uterine cavity after delivery not to be composed of regularly formed epithelial particles, such as form mucous membranes generally, but to consist of irregular cells, fibro-cellular structures, and fat-granules, identical with those found in the decidua in the latter periods of pregnancy. Shreds of these laminæ floated out when the preparation was placed in water, and they were gradually shed off as lochia during the patient's convalescence. Beneath these, however, the microscopic observer found small and regular epithelial particles, not mature at the time of delivery, but embryonic in character, and probably the progeny of the original mucous membrane. The epithelial cells forming the mucous membrane of the uterus at the time of conception were no doubt transformed into the fibro-cellular structures of the decidua, and hence the repro-

duction from the basement membrane, during the latter half of pregnancy, of those cell particles, which were intended to replace the original mucous membrane.

A CASE OF UNSUSPECTED PREGNANCY AND LABOUR.

BY T. H. TANNER, M.D.,

ASSISTANT-PHYSICIAN FOR THE DISEASES OF WOMEN AND CHILDREN TO KING'S COLLEGE HOSPITAL, ETC.

Dr. Tanner was sent for on Thursday morning, the 17th ult., at nine o'clock, to see Mrs. J——, forty-two years of age, who had been suffering great pain in the abdomen since eleven o'clock on the preceding night. The patient stated that she had been married rather more than three years, and that she had never been pregnant. The catamenia were last on some time in June, 1861, but as they had been very scanty for five or six months before, their cessation was attributed to the "change of life." The abdominal pain came on in paroxysms; it had been unrelieved by medicine and a mustard poultice; and the assistant of a surgeon in the neighbourhood had pronounced the suffering to be due to flatulence and inflammation. This opinion coincided with that entertained by the patient, as well as with the views of the husband, mother-in-law, and a married sister, who had been sitting up with her. On examination it was found that the lady was in labour, the membranes being ruptured, the os uteri dilated to the size of a crown-piece, and the head of the fœtus entering the brim of the pelvis, with the vertex presenting. In a few hours Dr. Tanner effected delivery with the forceps, the child (a female, arrived at maturity) being born with animation suspended; it was, however, restored by the persevering use of artificial respiration, to the gratification of the astonished parents. This case serves to establish as a fact—that a woman may conceive, may go to the full term of gestation, and may be in labour for ten hours, without having any suspicion that she is pregnant.

BRIEF REMARKS ON ANÆSTHESIA IN MIDWIFERY.

BY THOS. SKINNER, M.D., ETC.

The object of the author was to show the safety with which chloroform could be employed to relieve the pains of parturition, and to exhibit a simple apparatus by which anæsthetic agents might be economically administered.

Dr. PRIESTLEY considered Dr. Skinner's apparatus ingenious; and as it allowed air to pass freely through its texture, it was not open to the same objections as a mask or other instrument. It seemed to him somewhat fragile, and might be easily broken when clutched by partially insensible patients. The bottle arrangement he believed would prove useful, and might effect an important economy in chloroform.

Dr. GRAILY HEWITT thought it important that the duration of the labour in cases where chloroform was given should be stated. He had found that chloroform sometimes exercised a most decided effect in putting a stop to the progress of labour, and that in cases where anæsthesia was for other reasons most indicated.

Reviews and Notices of Books.

Essays on Scientific and other Subjects, contributed to the Edinburgh and Quarterly Reviews. By Sir HENRY HOLLAND, Bart., M.D., F.R.S., D.C.L., Physician in Ordinary to the Queen. London: Longmans.

THE essays of Sir Henry Holland were written, as he tells us, in great part during the journeys or voyages he has been accustomed to make in the autumn of every year. In the course of these holiday excursions during the last twenty years, aided by facilities unknown before, he has repeatedly visited Asia, Africa, and America. Frequently travelling alone, and often by routes rarely followed, he has beguiled the solitude of parts of his sojournings by penning these essays, which have appeared at different times in the Edinburgh and Quarterly Reviews, and are now collected and published in a separate volume. With one exception, that on Roman History, all are on scientific subjects; and while it may be truly said that they present a faithful picture of the present state of Natural Science, they will also be found full of interesting and profitable reflection, coming as they do from an accomplished scholar, philosopher, and physician.

The first essay is on "The Progress and Spirit of Physical Science"—a fitting introduction to the others, and forming in itself an admirable epitome of the subject. The next is on "Life and Organization," and is one of the most philosophical in the book. Then follows "Human Longevity." Whilst the author dissents from the doctrine of Flourens that a century is the natural term of human existence, he thoroughly agrees with him that individual habits may be made to contribute much to the healthy prolongation of life.

The subjects next in rotation are: Roman History—Julius Cæsar; Physical Geography of the Sea—Atlantic Ocean, the Mediterranean Sea; Meteors and Aërolites; Humboldt's Cosmos—Sidereal Astronomy; Australia—Coral Reefs; Life of Dalton—Atomic Theory; Modern Chemistry; and Natural History of Man.

In the last essay, the author, after carefully going into the physiological argument in relation to man, concludes with the remark, that it may be considered as proved that man is one in species, and as highly probable that all the varieties of this species are derived from one stock and a single locality on the earth. He merely touches upon the argument as borne out by the history of human language; but he makes an observation to the following effect—That language should exist at all, and that it should exist among every people and community of the earth, even those lowest in the scale of civilization, is in itself a cogent argument for the unity of man as a species.

The greater number of these Essays have a relation to the progress and actual state of the physical sciences. "Written with the view to such illustration," remarks the author, "they will, I trust, be read under the same view—that is, not as formal treatises on these several subjects, but as general outlines, denoting the new methods and spirit of modern research, the more recent and remarkable discoveries in each science, and those mutual connexions of all, the knowledge of which is among the highest attainments of man in his study of the natural world around him."

In his preface the author mentions that such alterations and additions have been made in those articles purely scientific as were rendered necessary by the rapid growth of physical knowledge. We feel assured that this volume of Sir Henry Holland will receive a hearty welcome from the profession of which he is so distinguished a member. Here, in a few pages, the various sciences are portrayed at a single view, being so interwoven with one another as to form an harmonious whole.

The Functions and Disorders of the Reproductive Organs. By WILLIAM ACTON, M.R.C.S. Third Edition. London: Churchill.

THIS book has now been on its trial for several years, and the appearance of the third edition indicates that it has met with a considerable number of readers. Mr. Acton has never feared to touch pitch; and by his readiness to deal with the diseases of the reproductive organs in all their most questionable forms and social relations, he has shown a boldness for which Duchatelet is one of the most respectable authorities, and of which Lallemand affords a vigorous example. A great part of this book is addressed to the patient rather than to the medical practitioner, and such chapters as Sexual Precocity, Masturbation in Childhood, Continence, Celibacy, Early Marriages, Early Betrothals, Long Engagements, Virility, Marriage, Sexual Intercourse in Marriage, Sexual Indifference, Ungratified Sexual Excitement, and others, dissect the moral and mental phenomena connected with these matters as fully as their medical relations. The task is one of great delicacy, and there are many men in the profession who would fear associating their name and reputation with discussions of this kind. But Mr. Acton has undertaken to identify himself with all the aspects of the sexual question, and it must be said that he has discussed them in this work with honesty, boldness, and manifest good intent. Of course, on a good many of the specu-

lative questions so thoroughly analyzed, many opinions are expressed with which we do not concur, and there are some places in which we think that Mr. Acton too openly violates delicacy and conventional limits by the form and shape of his argument. But everywhere we may see that the author has thought deeply, observed largely, and means honestly. Moreover, he is intelligent, and thoroughly well informed of the professional resources at the command of the surgeon. That the entire practice relating to what are called "secret diseases" should be wrested from the hands of quacks is most desirable. This is only to be effected by the subject being discussed by men of honour, probity, and intelligence; these men expose that most wicked and destructive of all kinds of charlatanry, which preys upon the mind, the body, and the estate of its victims.

Outlines of Ten Years' Investigations into the Phenomena of Modern Spiritualism; embracing Letters, Lectures, &c. By THOMAS P. BARKAS. pp. 160. London: Pitman.

WHAT our views are upon "Spiritualism" we have already told our readers. We need not repeat them. There is an old saying—viz., "Travellers see strange things." But time effects great changes, and spiritualists now-a-days see things stranger. In Mr. Barkas' work is a letter from William Howitt to the Rev. G. H. Forbes, in which the well-known *littérateur* observes—

"I saw tables moved, rocked to and fro, and raised repeatedly in the air. I saw a small round table, whenever touched by a medium, lay itself down and crawl as self-moved all round the room, and this was continued daily for a fortnight, the table refusing to perform any other motion..... I heard accordions play wonderful music as they were held in one hand, often by a person who could not play at all. I heard and saw hand-bells carried about the room in the air, put first into one person's hand, and then into another's, taken away again by a strong pull, though you could not see the hand touching them. I saw dining and drawing room tables of great weight not only raised into the air, but, when placed in a particular direction, perseveringly remove themselves, and place themselves quite differently. I saw other tables answer questions as they stood in the air by moving up and down with a marvellous softness. I heard sometimes blows, apparently enough to split the table, where no one could have struck them without observation, and breathed perfumes the most delicate. As for communications professedly from the spirits, they were of daily occurrence, and often wonderful."

But we hear the well-known exclamation of "Hold, enough!" from the astonished reader, and in mercy to him quote no further. Had we less compassion for him, we might seriously disturb his mental equilibrium by continuing Mr. Howitt's narrative. Well might the latter say—

"Can such things be,
And overcome us like a summer cloud,
Without our special wonder?"

As the matter stands, however, we most wonder at Mr. Howitt.

The Student's Manual of Geology. By J. BEETE JUKES, M.A., F.R.S., Local Director of the Geological Survey of Ireland. A New Edition, partially re-cast, and supplied with Lists and Figures of characteristic Fossils. Fcap. 8vo, pp. 764. Edinburgh: A. & C. Black.

THE present edition of this deservedly popular Manual is much enlarged, closely printed on fine paper, and copiously illustrated. The author has arranged the general subject under three heads: 1. Geognosy; 2. Palæontology; and 3. The History of the Formation of the Crust of the Earth. The first of these is subdivided into Lithology and Petrology. The former comprehends the study of the internal structure, the mineralogical composition, the texture, and other characters of rocks, such as could be determined in the closet by the aid of hand specimens; whilst the latter takes up the consideration of the rock masses, their planes of division, their forms, their positions and mutual relations, and other characters that must be studied in the field. This portion of the subject occupies more than one-half of the book. The second part—on Palæontology—is necessarily brief, and is comprised in some fifty pages. The author gives the heads of the several great questions as to the laws which have governed the distribution of life both in space and in time, and indicates some of the chief points in the structure of the more important extinct races, and their relations to those now living. The classification of the animal kingdom is one supplied to the author by his colleague, Professor Huxley, which embodies what he believes to be the most trustworthy conclusions of investigators into this subject. Part 3 is devoted to a chronological classification of the different groups of rocks, each one of which is specially considered in a separate chapter, with illustrations of the typical fossils belonging to it. We hope to see, in a future edition, the Laurentian series of Sir William Logan take a definite position in the chronological arrangement, preceding the Cambrian period of Professor Sedgwick. There can be no doubt in the minds of geologists that the view of Sir William is quite correct, that the Laurentian rocks were originally a sedimentary series, and assumed their present crystalline character from metamorphic action.

All the latest discoveries in Geology have been noticed in this Manual, but the constant progress and rapid strides of the science, from the number of observers at work in all parts of the world, render continual corrections and additions necessary; and indeed, as the author states, some important alterations are, perhaps, going on while he is in the very act of writing.

In drawing up the Index, which alone extends to twenty-four pages, the author has followed the example of Professor Owen in the Index to the second edition of his "Palæontology" (recently noticed in our pages), and given the explanation of the words derived from the Latin and the Greek, thus serving the purpose of a glossary. The student will find no important part of the science neglected in the present work, and in it he will possess one of the most comprehensive Manuals that has as yet issued from the press. The enterprising publishers have spared nothing to render it in every respect a thoroughly good book.

The Forty-second Report of the West Riding of York Pauper Lunatic Asylum.

THE reports of our public lunatic asylums constitute a substantial addition to current literature. It requires, perhaps, a peculiar bent of mind, and kindred pursuits, to enable one thoroughly to appreciate their value and importance. But even the general medical reader cannot peruse them without interest and instruction. To those engaged either in the medical treatment of lunatics or in the administration of lunatic asylums, the interchange and diffusion of these reports have of course a more special value. It is sometimes a matter of regret to us that the pressure upon our columns precludes a full and critical review of these contributions. The truth is, they are too numerous. We could not find space enough to notice them all, even cursorily. But we think it right to state that in these reports may be found a mine of information, detailed methodically, and often discussed with signal ability.

The Report, the title of which heads this notice, possesses a full measure of interest. We are especially desirous to call attention to it, because it contains evidence of remarkable improvement in the conduct of the asylum. From a condition which could not be praised, it has been brought to a state of great efficiency, which reflects the highest credit upon the administration and the medical superintendent. The Report is illustrated by a lithographic bird's-eye view of the asylum and grounds.

CERULEUM.—A new blue dye, Cæruleum, is described by M. Bleekrode in the *Journal de Pharmacie*. It covers well, does not become green by lamplight, and is not acted upon by sunlight or mephitic gases, by acids or alkalies, or by high temperature; and, representing the blue of the sky, recommends itself well in a commercial point of view.

THE LANCET.

LONDON: SATURDAY, MAY 17, 1862.

THE right of criticism is one of the most valuable privileges of the press. The duty of the journalist is to take care that a right so precious to the cause of truth, and so valuable to the public, shall not suffer any detriment in his hands. From this duty THE LANCET has never flinched. Acting on the broad principle of upholding Truth, and defending her from the contamination of Error, persons are regarded with indifference. Dr. HASTINGS has rendered himself conspicuous by associating his name with a succession of theories in medicine, which no man of science believes to be based upon sound evidence. He publishes his doctrines; he gives the world so much of the evidence as he thinks necessary for his purpose; and in so doing formally challenges every medical practitioner to examine his assertions, to try his method of practice, and to pronounce the opinions he may arrive at respecting them. It was impossible for us to decline this challenge. Dr. HASTINGS, at various epochs of his career, reveals a number of remedies for phthisis, and all with about equal confidence. We point to the obvious inference, that, since a man of sense seldom expends force in vain, if the first remedy were really worthy of the confidence expressed in it, there would be no need to discover a second; and further, that if the second were proved to be so efficient, it was superfluous to set out upon a third voyage of discovery amongst "the unexplored products of Nature;" and so on to the fourth and fifth degrees. It is surely a natural object for distrust and ridicule to witness a succession of boastful announcements, each of which is a practical refutation of the merits of its predecessor. If naphtha was so absolutely good, what need of oxalic acid? If oxalic acid was better than naphtha, what need of fluoric acid? If fluoric acid answered to the character given of it, why supersede it by bisulphuret of carbon? If this latter agent was to be trusted, why seek refuge in serpents' dung? Is not this mode of reasoning perfectly legitimate? Are we not at liberty to follow out the series of mutually-destroying propositions to the necessary conclusion that all are untrustworthy? It is rather too hard a trial for the proverbial scepticism of philosophers and critics to expect them to maintain an unshaken faith in the judgment of an author who sets out by affirming that A is all but perfect; who then gives up A because he discovers that he had over-estimated it, and introduces B; who then abandons B for C; who next, again avowing he was too sanguine, throws up C, and positively assures us that D is the true thing in which we may put our trust; and who again, acknowledging for the fourth time that his confident, successive praises of A, B, C, and D are falsified by experience, with unabated dogmatism, and still appealing to his personal observation, tells us that E is the thing after all—the true *elixir vitæ!*

It has always been recognised as a legitimate process in criticism to bring the test of Authority to bear upon the question in dispute. If, therefore, it is found that, by a succession of self-damaging propositions, a man destroys his own scientific credit, it is surely natural and just to treat the dogmas of such a man as not being entitled to that respect which Authority confers. In applying this mode of reasoning to our criticism of the value of naphtha, oxalic acid, and the rest of the series, we do in truth utterly eliminate all personality. It becomes especially absurd in this case to pretend that we are influenced in the slightest degree by any personal considerations. Having proved that the question is one with which Authority, as represented by the author, has nothing whatever to do—the author is altogether set aside—we come to the abstract contemplation of the propositions A, B, C, D, and E, and find that no one of them can be supported by that kind of evidence which the medical world is accustomed to exact from the most honoured of their brethren. That in following this course of argument we have not transgressed the limits of fair criticism, we have the high testimony of the able lawyers who sit upon the Queen's Bench. That we have not transgressed those limits, we have the clear testimony of our own conscience. To us Dr. HASTINGS is nothing. It is only in his association with the deplorable errors he has promulgated that he claims our attention. He publishes a book for the express purpose of making known what he professes to be a useful discovery. He appeals to the press to consider its merits. It is our duty to accept his challenge. We do not think he has made a useful discovery, and we give the reasons why we think so. With regard to that part of the charge brought against us by Dr. HASTINGS, in which he imputes *mala fides* because we adverted to the inquiry into his professional conduct held at the College of Physicians, without mentioning its result,—namely, "that there was no case against him,"—we think it unnecessary to disclaim all motive in the omission. We should certainly have felt it our duty to report at full length the proceedings of a Court essentially medical in its character, and dealing with a purely professional subject, had the opportunity occurred to us.

We shall assuredly not abstain, out of fear or affection, from pursuing in future that course of impartial and independent criticism which has marked the career of this journal; which has identified THE LANCET with the progress of medical science; which has achieved the emancipation of the medical profession from a vicious and degrading monopoly; which has won for us the sympathies and support of our brethren throughout the world; and which has ever enlisted in the ranks of our contributors the men whose writings give an impetus to science, and who determine the convictions of others, because they feel that in these columns they may enjoy the free utterance which is the life of every generous mind, and the spring of every noble thought.

WE have upon several occasions drawn attention to the praiseworthy endeavours made in India to establish Hill Sanitaria, or residences upon elevated mountain ranges, by means of which our banished soldiers and countrymen might recover from disease and maintain health far more easily and at a cheaper rate than by leaving the country invalided. That these Hill Sanitaria have turned out a great success, is undoubted. Of course they cannot perform impossibilities, nor turn old men young and old women beautiful. But they have been of vast benefit to sick soldiers and convalescing officers, and, as their more perfect organization is developed, they will become of ten times more value. Amongst those in authority

who have done much to forward this good work, we may mention Dr. MACPHERSON, Inspector-General of Hospitals upon the Madras Establishment. He early pointed out how peculiarly favoured the Presidency of Madras was in possessing elevated ranges contiguous to the chief military posts, and also drew attention to those localities upon its coast which might be eligibly used as places of resort for invalids, whose health would appear to derive benefit from breathing a marine atmosphere. But unfortunately all parts of India do not readily admit of the formation of Hill Sanitaria; and, again, there exist certain disadvantages in connexion with all the sea-coast localities situated on the main land, and devoid of elevation above the sea level. Such places do not enjoy the sea breeze (the "doctor" of our West Indian brethren), nor do they escape the deleterious effects of the land winds, which pass over miasmatic regions or extensive tracts of low arid plains at certain seasons. In Burmah, for instance, there would appear to be insuperable obstacles to the establishment of Mountain Sanitaria within or contiguous to the British possessions. Places which might be employed for such purpose are there situated in inaccessible positions in consequence of the difficulty of communication and distance from stations, the insalubrity of the intervening levels, and a want of population and of supplies *en route*.

During Dr. MACPHERSON's recent inspection of the Pegu province, he found that European invalids of all classes, when they require a change, are sent to the coast, and thence transported to Madras, at a great cost to the State both in money and loss of service. Unfortunately, too, no place in India can be worse for sick men—so the Inspector-General tells us—than the depôt at Poonamallee, where these invalids are sent. To meet such difficulties as these in certain portions of our possessions in the East, it appeared necessary to find an island of moderate dimensions contiguous to the main land, which would be comparatively free from the disadvantages associated with the sea-side localities of the continent of India—a place, in fact, so far out at sea as to possess bays, sandy beaches, undulating surface, good water supply, and capabilities for draining. Such a locality would be a sanitarium for invalids who could not get to the hills; for those who could, but for whom an elevated region would not be advisable; and also for persons to whom a marine atmosphere is particularly to be recommended. It would appear, however, that there is not any spot answering to such a character along the vast line of coast between Bombay and Calcutta and in the Straits of Malacca. The Island of Penang would seem at first sight to do so; but it has many disadvantages, and is, moreover, too distant from our possessions in India to permit of its being made a place of general usefulness. It however opportunely struck Dr. MACPHERSON that a desirable Marine Sanitarium might be found amongst the group of islands which stud the shores of Burmah, from Amherst to the Mergui Archipelago, at the time when Captain FRASER, of the Royal Engineers, was going out upon a survey of the district in question. Upon the solicitation of the former gentleman, the latter officer cheerfully conceded his co-operation in the important inquiry for a Marine Sanitarium, thus aiding Dr. MACPHERSON with much valuable practical experience, acquired during a career of twenty years in selecting and laying out sites for the cantonment of troops and in the construction of barracks.

The surmises of the Inspector-General turned out, we are happy to say, correct. From the report* now before us we learn that in Curlew Island (the head-quarters of the Alguada Reef Lighthouse establishment, and lying five miles off the Tenasserim coast) have been found those conditions which are essential, whether for a healthy marine residence, or for a depôt for convalescents. During the residence of Dr. MACPHERSON upon the island, in the months of May and June, the climate was found to be exceedingly agreeable. The nights were cool, and no punkahs were necessary during the day. In fact, a refreshing sea-breeze was present at all times in every part of the island during the day, and a blanket was always agreeable at night. The average temperature was then only 75° Fahr., and during the hot weeks but 88°. Water of an excellent quality was procurable at a depth of fifteen feet, and a perennial spring of sweet water flows through the centre of the island. The rain-fall, too, is believed by Captain FRASER to be under that experienced on the mainland opposite. Besides affording many beautiful localities for private houses, abundant space is available for one thousand men on eligible sites. No case of sickness or of death had occurred amongst a large number of women and children (families of the working residents) since the first occupation of the island; whilst amongst the working-men themselves, who for two months had little or no protection by night or by day, and whose huts occupied unwholesome sites in the midst of felled jungle, there was a gratifying immunity from grave diseases. The fevers were chiefly of an ephemeral nature, the sick-list being mainly kept up by local injuries and their results, by diseases not contracted on the island, and by cutaneous affections arising from want of anti-scorbutic articles of diet. One great advantage of the island is its proximity to Madras and Calcutta, and to the principal stations in Burmah; so that, with properly-arranged communication, there could not be any difficulty in furnishing it with supplies.

The result of the investigations of the two officers is, then, the advice that Government should at once sanction the undertaking of the preparatory improvements for converting Curlew Island into a Marine Sanitarium. So convinced are they of its capabilities for this purpose, that they assert that were it properly laid out and well known, its pure air and sea-bathing, combined with the beautiful scenery, would induce all persons, whether from Calcutta or Madras, or the chief towns and stations of Burmah, to make it their resort for the renovation of health, whether of the body or of the mind.

There cannot be a doubt, we presume, that the proposed conversion of this salubrious island of the Bay of Bengal into a depôt for convalescents will be entertained by the Government.

Medical Annotations.

"Ne quid nimis."

THE VACCINATION ACT.

WHY is it that the Act for the Registration of Births and Deaths has been so eminently successful, and increases in popularity? And why is it that the Vaccination Act is a total failure in a statistical point of view, and becomes less efficient day by day? The reasons of the premature decline of the

* Military Department: Proceedings of the Madras Government. From the Adjutant-General of the Army, Fort St. George, 6th Feb. 1862. No. 132.

efficiency of the latter measure, which cannot be said to have become effete from old age, are various, and are inherent in the clauses of the Act itself.

The medical profession, to whom the registration officers are deeply indebted for the assistance they have given to them by the issue of medical certificates of causes of death, without fee or reward,—though, of course, the profession gain by the general information thus collected,—have very fairly objected to any further encroachments upon their valuable time.

It is an admitted fact that at least one-third of the profession never deliver to the registrar the duplicate certificates required by the Act, without which the registrar cannot make any return of vaccination cases complete. The only way to compel a medical practitioner to forward these certificates is to indict him at the quarter sessions. What would be thought of a registrar who had the hardihood to take such a proceeding?

Under the Act, as it at present stands, the mother of a child born at Hammersmith may after her confinement go to Brighton to recruit her strength. The child is vaccinated at Brighton. But where does the certificate of vaccination go to, if issued at all? To the Brighton registrar! The registrar of Hammersmith, finding after the interval of three months no record in his books of the vaccination of the child, summons the mother, and she produces the vaccinator's certificate of Brighton; consequently the registration of the giving the notice of requirement of vaccination is for all legal and statistical purposes a dead letter.

Even if this state of things were remedied, the records of successful vaccination can never be complete or even approximately so. The Government may obtain the number of cases vaccinated by the public vaccinators through the boards of guardians, but whence will they get the private cases? For it must not be imagined that the general practitioner, as a rule, sends his poor cases to the public vaccinator. He does not do so for two reasons. If he be a man in good practice and well established, he operates on the poor to keep up a supply of lymph for his general purposes, and makes one class pay for another. If he be making a practice, he will take care to send no one to the public vaccinator, as it is well known that in new neighbourhoods a man will seek the appointment of public vaccinator merely to have his name given to the parents of each child born in the district. This alone is a cause of serious annoyance to the medical profession, and multiplies unnecessarily the number of vaccinators.

There is not the slightest doubt that it is a great mistake to place the working of the Vaccination Act in the hands of the registrars, and to make their remuneration dependent upon the duplicate certificates they receive.

Complete registration of births can never be effected in town districts, as this would necessitate the conversion of the registrar into the Paul Pry of the neighbourhood; and nothing can be conceived more calculated to bring the registration of births into contempt than a too rigid *surveillance* of this subject. The Registration Act can vindicate itself; and Talleyrand's motto, "*Surtout point de zèle*," is here strictly applicable.

The registration of births is often evaded in order to avoid the service of the notice of requirement of vaccination. Anything that throws impediments in the way of the registration of births should be eschewed.

It is for the medical profession to assist the registrars in endeavouring to procure the total repeal of the Vaccination Act, or to have it materially altered. It is questionable whether any good has been effected by it; and as a statistical business it has entirely failed. The return of the number of cases of vaccination paid for by the guardians is the only one that can be relied upon, and this gives but a slight clue to the absolute state of vaccination. Everyone connected with the General Register Office, from the Registrar-General downwards through all his subordinates in every part of the country, has long since passed judgment on the Act. It is an enormous expense both to the Consolidated Fund and to the local taxpayers, with very doubtful results. It has revived a feeling of hostility to vaccination which was rapidly dying out; it is unfair to the medical profession and oppressive to the registrars, placing them in an invidious position in their intercourse with that profession and the public; and the only possible thing to be said in its favour is, that it may have frightened a few into complying with its clauses, though the majority of the profession and the public entirely ignore it.

SURGEONS AND OPERATORS.

AN Indian medical officer once stated within our hearing, that when suddenly called upon to take off the finger of a soldier which had been injured by the lock of his gun on the march, he found himself in the unpleasant position of having for the first time to perform that operation at the cost of the living subject, never having previously practised it. He said that he spent nearly half an hour before he accomplished the operation, and the fearful responsibility which would have rested on him had one of the limbs been involved impressed him most deeply and painfully. He lost no opportunity subsequently of repairing that grievous omission in his surgical education. This monstrous defect is, however, one under which a great number of men labour who go forth from the portals of the College of Surgeons duly certificated to practise in the art and science of Surgery; and as to whom the President and Council of that body avouch to all whom it may concern, that all that education need do has been done fully to fit the surgeon in question for the amputation, incision, excision, or other retrenchment of the limbs and bodies of the scrofulous, cancerous, exostotic, or otherwise morbidly disposed individuals claiming relief from surgery. Candidates present themselves for admission to services such as that of the Royal Navy who candidly avow, as we are authoritatively informed, that they have never performed any operation upon the subject, and are wholly unpractised in the operative details of their art. To turn out surgeons who are unacquainted with surgery; to certify as an operator a man who has never performed an operation; to present to the world, after deliberate examination, then and there, as "fit and capable to exercise the science and art of Surgery," a man whom no humane person would permit to amputate the limb of a live dog, because, from sheer want of practical initiation, he must do it badly, is a folly and an injustice which, as we submit to the Examining Board of the College of Surgeons, requires amendment. Conceive the position of a young man placed on board a small ship, where he has no senior to watch and direct his movements, called upon to disarticulate the shoulder, to amputate at the ankle-joint, to trephine the skull, or perform any other operation of emergency. Never having performed any such operation on the dead body, he is placed at a fearful disadvantage, and is not "fit and capable" for his work. His feelings are not to be envied nor those of his patient. The authorities of the Naval Medical Department are, we believe, resolved not to admit to that service any candidate who has not gone through a properly-directed course of operations on the subject, and who is not able to show that he has benefited by that instruction. We applaud and endorse that resolution. In the interest of the civil population the same requirements should be made by the College of Surgeons from all their candidates. To certify surgeons who have never practised the most trifling surgical operation, even on the dead body, is a nullification of common sense.

A PROVINCIAL COUNCILLOR.

THE retirement of Sir Benjamin Brodie from the Council of the College of Surgeons has been some time impending, and has, we believe, been more than once tendered, but withdrawn at the request of his colleagues. Next year Sir Benjamin

would have retired by rotation, and it was understood, as we stated some time since, that he did not intend to offer himself for re-election. The step which he has taken of resigning now is in all respects worthy of the character and course of action by which he has rendered illustrious the contemporary reputation of the profession in this country. In noticing this last severance of the official bonds by which Sir Benj. Brodie was connected with the surgical profession, it is unnecessary that we should at this moment repeat the expressions of esteem and regard towards him with which the whole profession are impressed, or the satisfaction with which they regard his well-earned honours. It may be hoped that in cutting the ties of official service Sir Benjamin Brodie will acquire the fuller freedom in the enunciation of his opinions as to all that requires amendment in the constitution of the College and the general relations of the medical body. His advice will be the more valuable because he stands on a separate elevation.

The vacancy thus made for a third member will create a place for Mr. Paget, of Leicester, without involving the retirement of either of the two estimable and hard-working surgeons who on this occasion offer themselves for re-election. Mr. Tatum and Mr. Cock are safe, and Mr. Paget may claim the vacant chair. We mentioned his candidature early, because it is desirable that everyone concerned should know beforehand the principle on which it is proposed to act, and what can be done to carry it out. The candidature of Mr. Paget expresses a very excellent and intelligible idea. He claims to represent at the Council the opinions and the intelligence of the provincial hospital surgeons. That principle we advocate as founded on justice; and that representation may fairly be claimed as the due of a most able and accomplished body. Fortunately, it finds in Mr. Paget an exponent who conciliates the favour and esteem even of his opponents. In personal and professional character, for private honour and for public zeal, he is known as favourably in the metropolis as in his native place. In many respects the type of what a professional man should be, Mr. Paget unites the personal suffrages of all who know him with the general support which is won by good repute, well deserved and long sustained. The representation of the country hospital surgeons in the management of the College affairs is a measure in favour of which the most ordinary intelligence can readily suggest a number of strong reasons, while against it we know of but one. It has been argued that a surgeon residing at Leicester would be unable to give that frequent attendance at the College Council meetings which is necessary for his efficiency. This is a very just and strong objection; almost fatal—where it exists. But Mr. Paget seeks the responsibilities of the office with a full knowledge of the attendances at Lincoln's-inn fields which it involves; and his position is such as to allow him easily to make the sacrifices consequent upon attendance in London. He undertakes to do his duty; we have no doubt that he will do it, and we strongly recommend him to the support of the Fellows at the ensuing election.

ROYAL MEDICAL BENEVOLENT COLLEGE.

AT the annual general meeting held on Tuesday last, the Council proposed and carried a series of resolutions tending to confer additional benefits on its poorer contributors. It has long been felt by the profession that a subscriber to the institution, in the event of his unfortunately being compelled to seek the benefits it affords, has no greater advantages than a non-subscriber. Indeed we may almost say that the contrary has sometimes obtained; and it is well known that upon more than one occasion the election of candidates who have never contributed one farthing to the funds of the institution has been carried by the active personal canvass and support of titled and influential people who were equally non contributors, whilst to the poor friendless subscriber the elections have proved but a series of heart-breaking disappointments. To mitigate this evil, it has now become a law of the College, that in the event of a member of the medical profession who is or has been an annual or life governor, or his widow or his son, being necessitated to seek a pensionership or foundation scholarship, he or she shall, in addition to the number of votes polled in the ordinary way, be entitled to a given number of votes, proportionate to the amount of the annual or life subscription and the number of years such annual or life subscription has been paid, according to the following scale:—An annual subscriber of one guinea will be entitled to an additional 10 votes for a pensionership or 15 votes for a foundation scholarship, with an additional 10 or 15 votes (according to what is sought) for every guinea subscribed and every guinea accruing from compound interest; whilst a life governor of ten guineas will be entitled to 100 additional votes for a pensionership or 150 votes for a foundation scholarship, with an additional 10 or 15 votes for every guinea accruing from compound interest. So that an annual subscriber of ten years' standing will be entitled to either 130 or 195 additional votes, according to whether a pensionership or a foundation scholarship is sought; and a life governor of ten guineas, of ten years' standing, will in like manner be entitled to 160 or 240. These additional votes will only be awarded once, but they will be credited to an unsuccessful candidate in the usual way, and the party employing them will not be thereby debarred from the future exercise of his ordinary privileges of voting as a governor. The subscriptions of a wife and children are in all cases, when paid during his lifetime, to be considered as paid by the father, provided the children were under age when such subscriptions were paid; consequently he will be entitled to the same proportion of extra votes for every guinea so paid by him for his wife and children. For obvious reasons it is provided that none of these benefits shall take effect until three years after the date of a life governor's donation or the first payment of an annual subscription.

Our space will not admit of entering more into the details of this scheme, but we understand that they are printed, and may be obtained at the office in Soho-square.

THE INTERNATIONAL EXHIBITION.

THE attractions of the great industrial display have not failed to draw to our shores many foreign surgeons and physicians, who find here a hospitable welcome, and who will return with favourable impressions, we trust, of both the social and scientific qualities of the English faculty. First, of course, must be mentioned the medical gentlemen attached to the mission from Japan. They are making themselves acquainted with many of the details of administration of the hospitals and the general principles of our treatment; and if, as a result, that imitative faculty for which they are so celebrated be applied here successfully, the progress so achieved will be one of the most important consequences of the mission. More distinguished, though less rare, visitors are also here. M. Nélaton is busy in carrying out his part of the work of the surgical instruments jury, of which he has been appointed, by a proper act of courtesy, vice-chairman; Mr. Syme being chairman. M. Cloquet has also been here; and Dr. Despine, Dr. Duchenne, and Dr. Czermak are in London. Dr. Duchenne (of Boulogne) has contributed to the Exhibition a series of photographs illustrative of facial physiology, which are of great artistic as well as physiological interest. They form an extensive series, and are admirably photographed on a large scale. Dr. Duchenne speaks of them as illustrations of the electro-physiology of the face. The plan pursued has been to apply the limited current of an apparatus for faradization to each of the muscles of the face separately. The action of the current of induced electricity carried by the rheophore being strictly limited to the part touched, an irresistible contraction is induced of that particular muscle to which it is applied. In this way the operator succeeds in producing artificially a great variety of expressions, absolutely demonstrating in each the

lines and characters of that expression, its anatomical *factors*, and the muscles which are called into play. For the purposes of the artist, the anatomist, and the physiologist, such a demonstration is of great interest. By a very ingenious diaphragm of silver and glass projecting in the median line from the front of these two-sided faces, the face may in each instance be seen, as it were, complete, by the addition of the half which is seen in the reflecting mirror. Thus on the same canvas may be observed the same countenance in repose and in emotion. This series of photographs is exhibited in the angle of the French galleries devoted to philosophical and surgical display. It has only recently been added to the court, and has not yet attracted much notice; but we are sure that now we have called attention to the very ingenious and philosophical character of this amusement of the leisure hours of an active and distinguished physician, everyone will desire to see his examples of the philosophy of art.

Dr. Czermak will use this opportunity of demonstrating as widely as possible the uses of his laryngoscope, as to which the Sydenham Society, through the translation of Dr. Gibb, have familiarized us with his opinions and descriptions. He gave a demonstration on Tuesday evening at the Medico-Chirurgical Society, which was watched with great interest by a number of Fellows present. The demonstrations by Dr. Czermak, performed on himself, are well worth seeing; and his manipulation of patients is very dexterous and instructive. So much interest was expressed by those present that it was partly arranged that Dr. Czermak should undertake at their request a series of clinical and tutorial demonstrations on patients specially provided, for the purpose of fully developing the clinical uses of this instrument, and fully initiating others into the best method of applying it. Laryngoscopic examination is a matter of some difficulty to the unpractised, and hence these *séances* are likely to be very numerously attended. Several physicians who have devoted especial attention to the diseases of the glottis and larynx, and have practised laryngoscopy, speak of the clinical results as being very valuable, and the manipulations by no means difficult; but it must be confessed that at present there are comparatively few who have employed this modern means of diagnosis.

THE DUBLIN HOSPITALS.

THE annual grant to the Dublin hospitals again attracts attention. The report which has been presented shows conclusively the great benefits which have been conferred on the suffering poor of that city by the action of these institutions. Most of the Dublin hospitals are, indeed, admirably well managed; and they are served by a distinguished body of physicians and surgeons, who have made the Dublin schools of medicine and surgery celebrated throughout Europe. The financial position of these hospitals is, however, very anomalous. We have often pointed to them as showing how effectually Government subvention discourages independent effort, and how rapidly people and institutions may be pauperized by State interference. No one can doubt that the public spirit and liberality of the people of that flourishing city would provide ample resources for its sick poor, and those hospitals would have partaken of the adaptive and expansive character which marks the great public charities of London. The annual statement of their income is thus analyzed:—Independently of income from property, of £1304 from assessments, and £1325 from bequests, these hospitals had a Government grant of £15,728; the subscriptions and donations amounted to £1537, and charity sermons produced £38. So that for every half-sovereign got from Parliament for their hospitals the Irish themselves voluntarily put down 1*s.*, were assessed at 10*d.*, and bequeathed 10*d.* more—in all rather more than half-a-crown. The stinted and parsimonious character of these voluntary aids savours of the ridiculous. The relative proportions ought certainly to be inverted, in view of the actual relations of the imperial and of the resident population to these local charities.

DISEASED MEAT.

IT is necessary once more to call attention to the subject of the supply of diseased meat to the London market. There are many medical practitioners who believe that they have traced extensive deterioration of the public health to the supply of unwholesome meat during periods of epidemic sickness amongst cattle. The Registrar-General of Scotland recently noted a coincidence between epidemics of pleuro-pneumonia amongst cows and furuncular disease amongst the population. Six persons were brought up last week at Guildhall charged with selling in the markets meat in an advanced state of disease. There is no doubt that a considerable trade is thus carried on by cheap butchers, who sell their meat to the poor, under the yellow flare of a gas-light, at low prices. It is precisely the poor and ill-fed classes, many of whom get meat rarely, and then not much of it, who are most likely to suffer from the consequences of consuming such diseased food. It is of the highest importance to them, and of the greatest interest to those who care for them, that when they do get a piece of meat it should at least be sound and wholesome. Therefore the nefarious trade referred to deserves to be denounced and suppressed with the utmost energy and severity. The famous qualities of a departed City magnate, who did good service in his time by "putting down" obnoxious persons and proceedings, might here be usefully imitated with zeal and fidelity. All the persons summoned on the occasion in question will be indicted at the Old Bailey; and since it appears, from the statement of no less competent an authority than Mr. Alderman Mechi, that there are hundreds of farmers ignorant of the law with regard to bad meat, it is to be hoped that the particulars of the trials of these persons will be spread as widely as possible, and that their example may serve as a warning to others.

THE GREAT INTERNATIONAL EXHIBITION.

II.

REPORT ON SURGICAL INSTRUMENTS.

THE foreign surgical instruments are, of course, of great interest to British surgeons, for we are at least as much concerned in learning from the guests bidden to this competition as in holding our own in the contest, and putting forth our skill for a successful and fruitful effort at progress. We pay a well-deserved compliment to a most ingenious and skilful person, in calling attention thus early to a remarkable display of surgical instruments from Denmark, which might otherwise easily escape the notice of the casual observer. Professor Nyrop, of Copenhagen, has for some time been favourably known in Europe for the ingenuity and excellence of his instruments, and that favourable impression will be fully confirmed on this occasion.

One of the most novel and striking instruments in his case is a newly-invented osteotome. M. Nyrop has long been working at this subject, and shows a series of tentative efforts in that direction. Many of these answer the purpose to a greater or less extent; but none so perfectly as that now introduced, and marked Nos. 6 and 7 in the series. The desiderata for such an instrument were that it should have the power of seizing the bony parts and holding them firmly; that it should saw through them from without inwards, close at the side of the fixed point; and that it should effect this sawing through by a mechanically-moving part without the operator being obliged to give an onward movement to the whole instrument, as is necessary in employing any ordinary saw. These

who use this osteotome, as we have done, for cutting through a piece of hard bone or wood, can have no doubt that, by virtue of a brilliantly-conceived mechanism, it accomplishes that object. The sawing part of the apparatus is a rather long blade with serrated anterior extremity. It is this anterior extremity alone which cuts. By turning a common handle this blade works vertically up and down, sawing its way and advancing at the same time by a self-regulating movement, so that the saw always cuts itself free. This saw apparatus is fixed on the side of the tong by which the bone is held. Thus the osteotome works in the smallest space, under circumstances in which an ordinary saw could not be made to act without more extensive division of the soft parts. In cases of partial resections of bones, such as the jaw, the radius, the tibia, &c., for necrosis or other disease, this instrument would be as useful as it is ingenious.

The instruments for treating anchylosis of the knee and deformities of the bones of the leg and foot, on which M. Nyrop lays some stress, present no feature of novelty to those accustomed to the excellent work of English orthopædists; and in some matters M. Nyrop has something to learn, especially in causing the axes of basement in his instrument to coincide with the axes of movement in the joint—a principle fruitful of improvement in modern orthopædy. He shows a very good model of a truss for umbilical rupture, with springs curved upwards. In order to cause the truss to follow all the movements of the body, the maker has fitted two springs by their convexity to the circular spring pad; in straightening these, they cause by their pressure the truss to fit with elastic and easy certainty. He modifies the uterine truss, or hysteropher, by introducing a link joint in its curved corner, which enables it to afford solid support, but frees it from following the inconvenient movement of the pillar which descends from the abdominal belt. In respirators, he substitutes for the stuff lining of the mouth-piece—which, penetrated by moisture, becomes dirty, and thus exceedingly unpleasant to wear, causing excoriation—a mouth-piece of fine lime-wood requiring no such lining. This substitution appears to have been found practically useful.

A set of instruments which deserve the particular attention of surgeons interested in the treatment of spinal deformities—and all surgeons are so interested—are those (Nos. 28, 29, 30, 31) which show the application of two principles of applying pressure, of which one at least is excellent, and the other very ingenious if not at present practical and perfect. The object here has been to construct an apparatus which, while possessing considerable power (as such apparatus must), should be less heavy than they usually are. We append a description of this apparatus, with which M. Nyrop has furnished us.

"The two lined plates, producing pressure on the sides, are by means of the screw which moves the parallelogram brought inward, the right plate being moved upward, and the left one downward, whereby a rather considerable pressure may be obtained, which in some single cases will prove beneficial. I wanted only to make this bandage to fit to some single (3) patients in order to find out its principal defects, especially by the two local side-pressures, which, while acting in certain directions, not to be deviated from, may easily call forth the reverse of what has been purposed, especially where the axial turnings of dorsal vertebra are taking place, as this deformity requires more a pressure from behind and in front than side-pressure; the nature of the pressure produced by this machine is, besides, too much dead and unyielding, which upon the whole is the case, according to my opinion, with all such screwing and suspending machines. The said one may, however, be applied with utility as a supporting means, where a much-developed and incurable side-curvature exists.

"After this unsatisfactory experiment, I had constantly in view—

"1. To arrive at a combination by which it was possible to apply pressure at whichsoever place of the region of the back and that of the lateral chest and loins. And

"2. To attain a sufficiently strong pressure by means of springs, which, during all the different positions of the body, could continue to be permanent, without exercising troublesome or injurious pressures upon the cavity of the chest or the soft parts of the abdomen, and without restraining the free positions or motions of the body.

"In order to realize this thought, I made first an artificia truncus (No. 33), by which I am able not only to represent different side-curvatures of the spine, but also the different axial turnings which generally attend the scoliose. This and other trials soon convinced me that a lateral pressure produced for a side-curvature of the spine, which is not supported by a pressure from behind and in front, does more harm than good, while it contributes to increase the torsion.

"I noticed the first time my spring-pressure machine in the Danish Ugeskrift for Læger (1857, No. 27), and hinted at the same time at my views with respect to how far the so-called stretching-beds, or rather the stretching arrangements connected therewith, might be effective with reference to spinal curvatures. Many persons (until this date 381) who have used my spring-pressure machine in the course of the last four years will be able to judge how far I have succeeded in attaining my purpose. They have, with few exceptions, more or less, according to the nature of the individual case, felt the intended benefit without being troubled by the engine, and not few have been entirely cured; I have thus the pleasure to see the confidence bestowed on me in this case remain unimpaired.

"I believe that it deserves to be pointed out as a particular advantage by this machine that it is possible to regulate the local pressures with respect to direction, place, strength, and power; that the nature of the elastic pressure produced in the said manner is more effective than that produced by lacing together; I consider likewise that the suspended bows are more useful than the common arm-crutches, as they, on account of their connexion with the mainspring for the back, obtain a tendency to slide upward by the bendings of the body, so that the suspending bow constantly exercises an elastic extension on the concave side, placed uppermost, which I dare say the concerned party may be able to overcome by sinking side and shoulder, which, however, again and again will occur as an unremitting and constant reminiscence, and thereby in a great measure contribute to improve the bearing of the patient.

"No. 28 is applied for side-curvature with 1, 2, or 3, and sometimes, when the curvature appears at the same time in the vertebra of the loins, breast, and neck, with 4 local spring-pressures.

"No. 29 for one prevailing side-curvature with one spring-pressure; the concave right side is here supported in such a manner, that the counter-pressure from the spring does not touch the ribs, drawn back.

"No. 30 for cyphosis, the back-spring being split with larger or smaller opening, according to the local deformity, by which I can attain a gentle, permanent pressure on both sides of the transverse elongation of vertebra (proc. transv.).

"No. 31 for lordosis in the regions of the loins with a smaller back-spring, curved inward. An elastic stomach-belt supports the abdomen by means of the spring with upward tendency, placed on the back-spring. The head-supporter attached to this machine may be screwed on each of my machines, and it is used by me for curvatures of the back, sinking of the head and muscular contraction of the neck; it is worn without inconvenience, being a small and exceedingly light apparatus.

"In using this simple apparatus, by measuring common side-curvatures, while the patient stands upright in a certain position with the heels close to each other, and in such a manner that the feet form a right angle, I believe in general to approach more to the truth than by means of casts of plaster, by which one is exposed to obtain an impression that is less correct when the patient is in a sitting position, for it is not difficult in one hour to get two very different impressions of the same patient."

In reviewing these remarks of the inventor and examining his instrument, we conclude that the spring pressure instrument is one of which the principle is ingenious and sound, and, so far as we know, novel—certainly in the completeness and perfection of its application. Moreover it is strictly scientific, and founded on correct anatomical laws. It occurs to us that, with the tight European dress of ladies, it would be open to the grave objection of causing numerous projections, which would be visible through the attire when any stooping or bending movements were rapidly executed. This, and the somewhat cumbersome form of the apparatus, might seriously interfere with its popularity.

Correspondence.

"Audi alteram partem."

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I have this day (Friday, May 9th,) been examined before the Select Committee on the details of my "Heads of a Scheme for a New Arrangement of Medical Relief." I was under examination two hours and a few minutes.

I must again warn my medical colleagues respecting the permanency of our appointments. As he did last session, the Chairman again prominently brought before my notice the fact, that a majority of the guardians were strongly in favour of a return to annual elections.

When on the remuneration clause, I was met, of course, by the observation, that of late years there had been an increase in the sum expended for medical relief. This I opposed by showing from Mr. Griffin's table, that the rate per head of the estimated population was less now than it was ten years ago. But, *proh pudor!* I was also met by a letter addressed to the Chairman, and signed by a Mr. Hudson, (I believe that was the name,) who stated that although his salary was but 1*s.* per case, he was perfectly satisfied with it, inasmuch as he calculated that the introduction which his appointment gave him to private practice was an additional item of compensation. I replied that I should think such an opinion was only entertained by the writer himself, and that it was not fair that a public body should seek to remunerate its officers by such indirect means.

To an observation that there was no difficulty in getting candidates for vacant appointments, I replied to the Chairman, that were his appointment at the Poor-law Board vacant to-morrow, and put up at £100 per annum, there would be hundreds of competitors for it.

Dr. Moore, of Bethnal-green, then gave evidence. He also strongly objected to the principle of the per-case system.

Four Union medical officers have now been examined before the Select Committee. Three out of the four have advocated other modes of remuneration than Mr. Griffin's plan. Therefore, Sir, your editorial wrath should have been tripartite instead of having its whole phial poured out upon me!

Where, Sir, yourself and Mr. Griffin err is in this. In assuming that *because* 500 (or even say the whole 3000) medical officers approve of a scheme which will double or treble their present salaries, *therefore* you will be able to force it down the throats of the guardians and Parliament. Men of the world, as these two latter classes are, know full well that *no restrictions devisable* could, under the per-case system, prevent, in the hands of a *dishonest* officer in a large district, the production of any number of cases *he* wished to be paid for. I need not go into the details how this could be done. Besides, Sir, Mr. Griffin's suggested method has *already* been decidedly and emphatically denounced by an authority, (Hon. Sotheron Estcourt,) stating *ex cathedrâ*, that "*Parliament had so strong an objection to such a system*, (the per-case,) *that it would be impossible to get them to agree to it.*"

The imputation that the medical officers could manufacture cases, and the inference that there would be an increased difficulty, amounting, in some instances, to a positive inability on the part of the poor in getting orders, are so inseparable from the per-case system, that we shall never be able to convince the guardians, the Parliament, or the public at large, to the contrary. Why, then, exhaust all our strength on an *impossibility?* Therefore, adopting, as you give me credit for, "a disinterested and honest course," I have endeavoured to devise a Scheme which, whilst totally free from the objections of the per-case system, would be equally workable in, and applicable to, the metropolis and the provinces; a Scheme, too, which, whilst it will bring "substantial relief to the profession," has not, as yet, met with that authoritative denunciation above-quoted. On the contrary, its essential clauses have *already* "been largely approved by so influential a member of Parliament" as the Hon. Sotheron Estcourt himself. His scheme, as does mine, adopted pauperism as its basis; his scheme, as does mine, proposed an element to obviate the objection of the varying ratio of sickness to the uniformity of that basis; his scheme, as does mine, left it to the discretion of the guardians to remunerate the medical officers for the distances they in some instances would have to travel. Moreover, his scheme has been alleged by Mr. Griffin to be "*based upon just principles*," and to be "the best that could be devised." In short, Sir, inasmuch as the figures, which constitute the chief element in my remuneration clause, cannot be said to be under the control of the medical officers, the fairness of such a basis cannot but carry its own conviction to the guardians, the Parliament, and the public at large.

My Scheme is not, as you state, "based upon an idea of limited local application," as I will very easily demonstrate in Mr. Griffin's own Union. By trebling the first two elements of my basis, when the said total number of paupers is 250 or less, and doubling them when the said total is 600, and more than 250, as I have stated in your impression of the 10th inst., an imperfection in my first-issued Scheme is satisfactorily obviated. In accordance with these views, and taking Mr. Griffin's own figures, I find that the medical officer of the first district of the Weymouth Union would get for his next *half*-year's salary, £36 1*s.*, *exclusive* of any possible allowance for distance. His present *annual* salary is £40. I cannot comprehend the figures Mr. Griffin gives for the second district. If the "Pauper Classification Book" is correctly kept, it cannot (with so few non residents) possibly happen that the number of individuals receiving medical relief can exceed the total number of resident paupers and "persons having received medical relief only" combined.

I have now tried a great many of the provincial districts by the figures in Lord Elcho's return, and I firmly believe that my plan, with this last improvement, will "meet all the infinitely varied and complicated cases of the provinces." At all events, *figures*, not *opinions*, can convince me to the contrary. "With the assistance of the Union clerk, any gentleman can readily calculate what the figures—say of the half-year just ended—would produce as his next half year's salary, according to my plan."

If, Sir, yourself and Mr. Griffin will refer to the Civil Service Superannuation Act, you will there probably find "a scale" which will supersede the necessity of "a jury of matrons." When a boy at school I was often set to write Latin *nonsense* verses. I try *now* to write sensible prose. I fall, Sir, in very good company when I fall under your censure for my expression of opinion on who should be entitled to a superannuation grant. I have adopted the *very words* of the Report of the Select Committee on Irish Poor Relief, 1861. It may be assumed, Sir, that the Select Committee on *English* Poor Relief are not likely to recommend *more* than did its predecessor alluded to; inasmuch as on this side of the channel our opportunities of laying by for a rainy day, *from other sources*, are certainly not inferior to those possessed by our Irish Union colleagues.

To satisfy one query you advance to the metropolitan officers, I again distinctly state that I have *not* proposed my plan "in my official capacity as their Honorary Secretary."

In my own justification you will, I trust, permit me to say, that I have elsewhere, not only anticipated these personal reflections, but entered fully into the whole matter. The active members of our committee would not last year hear of my resignation, even though I openly confessed my waning faith in the per-case system of payment. I have, however, again set in motion the reassembling of our committee, with a view—first, to hand in my resignation as its Honorary Secretary; and, secondly, to bring before it this my independent Scheme—and "impracticable" say you, Sir! One great advantage of my Scheme is its *facility of adaptability* to the existing mode of taking the Union accounts; its working will very readily dovetail, and not in the least interfere, with the figures which each clerk has at present half-yearly to deduce. A few minutes' more calculation will enable him at once to determine the next half-year's salary of every medical officer in the Union. No calculation of, or computation from, special and separate figures will be required—such as the per-case system would of a necessity entail. Should it be deemed more desirable, my plan can be easily adapted to a triennial computation by simply taking the averages of the six preceding half-years.

I also crack that nut which has been so hard a one to many: What is a case of sickness? I reply: Every individual pauper who has during a past half year received *medical* relief shall be considered as constituting a "case of sickness." It matters not whether such relief has been afforded once or a dozen times; the mere fact of its having been granted shall constitute the recipient a "case of sickness." Such an arrangement will also dovetail with the existing Union accounts. The name of every person who has received parochial relief, *either in money or kind*, is entered on the Union books and counted *but once* in the half-year ended March 25th or September 29th, albeit during that

half-year there may have been lengthened intervals of his receiving such relief. Every name (if continued or repeated relief is necessary) is re-entered and re-counted in the second half of the parochial year, and also of course for every succeeding half-year. I propose that the same shall be done as regards *relief in medicine*—i.e., that, how many soever the intervals of health, the same sick pauper shall be counted *but once* as a "case of sickness" during the (and each) half-year.

I have *nowhere* stated that the rates of the first two elements of my plan are to be at the discretion of the guardians; their caprice is to be displayable only in the third element. It must be admitted that the guardians of each Union must be the best judges of all the local circumstances (such as facility of access, outlying parishes, &c.) affecting the distance which their respective medical officers may have to travel in visiting the sick poor. There is likewise nothing whatever in this third element of mine to disentitle (as does Mr. Griffin's plan) the medical officer from "any extra payment" in respect of distance &c., although his farthest patient should be *under* one mile from his residence.

The Select Committee seemed impressed with the fact that my plan, whilst embracing many of the clauses of the late President's Scheme, also adopted as its method of remuneration three elements similar in intent to those of Mr. Estcourt's triple basis.

My endeavour has been to frame a method of fair remuneration, the working of which would not conduce, on the one hand, to that indiscriminate issue of orders which obtains under the present system of fixed salaries; and would not, on the other, be marred in its working by the objections attachable to and inseparable from the per-case system of payment.

The only tangible objection brought against my plan is "the effect of a severe winter, or the sudden closure of mills in the manufacturing towns, whereby thousands in a single Union are suddenly thrown upon the Poor's-rate;" ten thousand such in the Manchester Union were recently recorded in *The Times*. I will just show, from public figures, how much less the Poor's-rate would suffer from such a sudden in-pouring of paupers paid for according to my plan, than it would *when we are visited by severe epidemics, to be paid for at so much per case*:—

Paupers. *Manchester Township.*

10,000 × 10*d.* = £416 13*s.* 4*d.* ÷ 10 = £41 13*s.* 4*d. extra* to each of the ten medical officers of that Union.

During the cholera year 1854-5, I attended 3475 cases of sickness in my district of the East London Union. Mr. Griffin's plan would have remunerated me as follows:—

300 × 5*s.* = £75 0*s.*
3175 × 2*s.* = £317 10*s.*

£392 10*s.*

being an *excess* of £220 10*s.* over what I (*one* medical officer only) did actually receive for my labour. Which fact would cause "the interests of the ratepayers to suffer" the most? Besides, in the former case pauperism would be in such excess, *possibly*, that the medical officer would not benefit by my second element in the least. I say *possibly*, because at such times *all* out of work do not necessarily become paupers. Private benevolence, as it is now doing in Lancashire, and as it did last year at the Mansion House and other police courts, keeps many from coming on the relief list at all. No such charity does or would step in during an epidemic of disease to mollify the per-case system of payment. But granting, for the sake of argument, the force of Mr. Griffin's objection, to what does it amount? That once in every seven or three years, or say even every year, a certain depression in labour will benefit the medical officers. And what does Mr. Griffin offer us as an alternative? A Scheme which, on every day of every year, and every hour of every day, will result in bodily suffering and mental distress to the sick poor; and at every quarter day will regale the mental comfort of every medical officer with a squabble with his board of guardians! I am quite content to leave the fate of our two plans to the practical consideration and the calm and impartial judgment of those many *ex-officio* guardians who form so large a proportion of our Legislature.

To "the hard, stereotyped reply" with which this body meets our "demands for relief of grievances," the very great majority of us all *are agreed* on a unanimous answer. We want Parliament—first, to ensure the permanence of our appointments, in the manner already recommended by its own Select Committee; secondly, to definitely say that "district medical officers shall have a similar power of ordering any necessary diet or clothing for out-door paupers under their care as is conceded to the medical officers of the workhouses;" and, thirdly, to compulsorily enforce an augmentation to the miserable pittances which the very great majority of us receive. Looking at it in a strictly legitimate view, it would appear sufficient for us to impress on Parliament the advantages and the *necessity* of these ends, and leave to the Executive the how and the where to find the required means. Officers applying to a corporate body for a general increase of their salaries do not, I think, as a rule, go into such details.

From my experience of the Select Committee, it appears to me far more important that we should be able to unmistakeably convince them of the justness of our demands than to try and force them to recommend to Parliament this or that basis of computation. Seeing in what manner I was met by the Chairman,—armed as he was with such a letter from one of ourselves,—I fear this first thin end of the wedge has not yet been quite convincingly driven home. This being done, the means must in some shape or other of a necessity follow. Speaking selfishly and in the interest *solely of our own pockets*, it may matter not to us as individuals what the basis is whence the augmentation to our salaries is deduced; but for the sake of the sick poor, with a due regard to the pockets of the ratepayers, and for the sake of our own mental comfort, I have endeavoured to devise a substitute for so impracticable and *impolitic* a scheme as the per-case system of payment. I think I have succeeded; and unless there is brought forward anything objectionable to, or impugnable against, the *principle* of my plan, I will not trouble you with a further letter. I have neither time nor taste for mere personal recriminations.

I am, Sir, your obedient servant,

ROBERT FOWLER, M.D. Edin.

Bishopsgate-street Without, May, 1862.

THE INDIAN MEDICAL SERVICE.

WHAT SIR CHARLES WOOD LEARNS IN A YEAR.

To the Editor of THE LANCET.

SIR,—In March, 1861, Sir Charles Wood stated in the House that the Indian medical service was "on a footing of perfect equality with the British."

In March, 1862, Sir Charles Wood states in the same place that "it is impossible" to place the two services "on a footing of perfect equality."

It is not, however, impossible to carry out the Queen's Warrant of 1859, which has never yet been recognised in India. Let us have the rank and the pay which that Warrant was intended to give us, and we will not request impossibilities. At the present time the service is in a state of chronic disgust, and we sadly require assistance in exposing our woes, which can only be effected by THE LANCET.

Bombay, March 30th, 1862. AN INDIAN SURGEON.

ON THE MODE OF ELECTING FELLOWS OF THE ROYAL SOCIETY.

To the Editor of THE LANCET.

SIR,—By the Royal Society's charter, the right of electing fellows was vested in the body at large, not in the Council; and this right has continued to be exercised from the foundation of the institution to the year 1847, when the Council by a bye-law usurped that power, which an eminent lawyer declared to be illegal.

In 1845, great irregularities had been committed by the Council, as the readers of your journal know full well.

In 1847, the power of election was taken from the fellows by the Council, in whose hands it has ever since remained, and the results have been what was predicted at the time—viz., a great diminution in the number of fellows and a serious loss of revenue. To make up for this deficiency, the Government now doles out £1000 per annum from the public purse.

It is notorious to all who have watched the Council's proceedings since 1847, that the power of electing fellows, which they have usurped, has been used in a most partial manner. But if the fellows are hostile to the present mode of proceeding, yet refuse now to join in any effort to restore the power of election to the fellows at large, it must be obvious to all that the result will prove most disastrous to the institution, which every year since 1847 has been sinking in reputation.

Hoping the great body of the fellows may be induced to come forward and wrest from the Council a power which has been declared by more than one eminent lawyer to be illegal,

I am, Sir, your obedient servant,

May, 1862. F.R.S.

ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—By the request of the Exhibitioners Committee, (which now numbers thirty-five members, all good friends of the above College,) at the annual general meeting on Tuesday the 12th inst., I put the following question—viz., "Whether, when the new buildings enlarging the school department shall be completed, the charge for the education of exhibitioners would be reduced to the original sum of £30, in accordance with a sort of promise which had been held out to the Exhibitioners Committee, by Mr. Propert." I also stated that upon such grounds agitation had been suspended for two years, in compliance with Mr. Propert's request. To this Mr. Propert replied, "that each of the exhibitioners now cost the College upwards of £43, and he was sorry that he could not hold out any hope that the sum would ever be reduced below the present charge of £40."

By this answer your readers will observe, that the much-disputed legal point as to whether the College can, under the present charter, appropriate any portion of its funds towards the education &c. of exhibitioners, has been most practically decided in favour of the opinion given by the present Solicitor-General!!

On March 31, 1857, Mr. Roundell Palmer wrote as follows—"My own opinion (and I am bound to say that it is a decided one), is, that the clause referred to does not in any manner prohibit the application of part of the funds of the College in aid of the expenses of the education, board, lodging, and washing of the exhibitioners; and that the Act of Parliament did not render necessary any alteration whatever of Rule 30, as to the charge of not more than £30 a year for exhibitioners; although it may be capable of proof that the cost of the education, board, lodging, and washing of such exhibitioners may exceed £30 a year." If the College can legally spend upwards of £3 upon every exhibitioner now in the College, it can, with equal justice, further reduce the charge from £40 to £30 to a limited number.

It is now plain, that by spending £3 of the College funds upon each exhibitioner, the Council has either misappropriated the funds to the amount of nearly £400 a year, or the Solicitor-General is right, and the Council can legally make the original charge of £30 to the poorer members of the profession, and supply a want which would make the school a blessing to those who can neither afford to pay £40, or to expose their poverty to the world by canvassing for a free scholarship. The legal barrier being removed, the urgent want of a cheap education can be supplied, and the grand defect of the school can be remedied.

It now remains for the Exhibitioners Committee and the whole profession to co-operate with the Council, and to devise a plan which will give the boon of a high education at such a moderate charge as to bring it within the means of the struggling practitioner.

I have the honour to be, Sir, your obedient servant,

WM. A. N. CATTLIN.

Highbury-place, Islington, May 13, 1862.

THE CHOLERA IN INDIA.

To the Editor of THE LANCET.

SIR,—Dr. Macloughlin, in your journal of Feb. 15th, 1862, obliges the profession with certain crude remarks on the early treatment of cholera. He commences a most illiberal letter with a statement to the effect that the disease has never been scientifically investigated in India. This is most inexact, as in no country is the progress of the disease watched with greater care. Moreover, in every fatal case an exact statement of the post-mortem examination is required. Those who are most conversant with this disease are most unable to arrive at a satisfactory solution of the meaning of its symptoms, and on that account the treatment has to a certain extent remained empirical. But if there is one fact in the pathology of the disease more established than another, it is that there is a remarkable absence of bile in the discharges, and this fact has led to the employment of mercury, not as an empirical but as a rational remedy. Neither can the administration of opium in the first stage of the disease, and stimulants as occasion may require, be held to come under the former category of treatment.

The "Member of the Legion of Honour" would seem to attach much value to the assertion that diarrhœa *always* ushers in the attack of cholera. This, however, is not invariably the case; and even were it so, the difficulty of persuading men to go into hospital for what they consider a trifling looseness would much militate against the value of the discovery as regards early treatment.

The statement that in districts where cholera prevails the functions of the bowels of every individual in the locality are disturbed is decidedly untrue; and the deduction, supposing it to be founded on fact, makes a charge of a degree of ignorance against Indian medical officers which it is difficult to conceive can have emanated from a professional brother.

I avoid the remainder of the letter, with the exception of the conclusion so uncharitably and illogically arrived at; and I would suggest that, instead of making wild assertions, the writer should confine his remarks to subjects of which he has personal cognisance, failing which it seems probable that he will be unable much longer to sign himself a "Member of the Legion of Honour."

I am, Sir, yours truly,

India, March 30th, 1862. AN INDIAN MEDICAL OFFICER.

THE TREATMENT OF UTERINE CANCER.

To the Editor of THE LANCET.

SIR,—During my recent attendance upon a case of uterine cancer, in the course of which the frequent employment of the catheter was called for, owing to the complete infiltration of the urethra with the disease, the presence of the instrument was on each occasion productive of such intense suffering, continuing for several hours, as to lead my patient to say she would prefer death to a repetition of the operation. After a trial of every means of relief I could devise, the following plan on one occasion suggested itself to me—viz., to smear the whole length of the catheter with an ointment composed of equal parts of extract of belladonna and lard. The experiment succeeded far beyond my expectations. Within a few minutes of the first application, the pain almost entirely vanished, and for many weeks afterwards, by this means, I was enabled to relieve the bladder twice a day, with an amount of pain comparatively trifling.

The above plan, though new to myself, may probably have been resorted to by others. Still, as I find on consulting the works of Drs. Simpson, West, and Rigby, that such treatment of the complication alluded to is not suggested by them, I venture to hope that this short communication may not be thought altogether unworthy of a corner in your valuable journal.

I am, Sir, your obedient servant,

Wells, Somerset, May, 1862. JOHN G. FRENCH, M.R.C.S.

CONSULTATIONS WITH HOMŒOPATHS.

To the Editor of THE LANCET.

SIR,—It is reported in Hanley, that Dr. Clay, of Manchester, has lately been meeting a professed homœopathist in consultation in this town. Will you allow me to ask Dr. Clay, through the medium of your journal, if he can give any satisfactory answer to this report?

I am led to believe, on what I consider the most undeniable authority, that Dr. Clay has done so, knowing the person to be a homœopathist. If this report is incorrect, it cannot be refuted too soon; if it is correct, I think Dr. Clay's colleagues cannot too soon be made acquainted with it, as I believe there is a Medico-Ethical Society in Manchester to which they would, no doubt, like to refer the case.

I am, Sir, your obedient servant,

Hanley, Staffordshire, May, 1862. INQUIRER.

P.S.—I enclose my card.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

A GENTLEMAN whose sound judgment and long experience testify to the justice of the cause he has undertaken to defend, Dr. Shrimpton of Paris, addressed a few days ago a letter to the Academy of Medicine on the subject of hospital ventilation. This letter embodies in a succinct form, together with the views of its author, the opinions of Miss Nightingale, as transmitted directly to Dr. Shrimpton, with reference to the causes of the increased rate of mortality at Lariboisière. "This unforeseen mortality," observes Miss Nightingale, "is due neither to situation, nor construction, nor overcrowding, but

to bad ventilation. Heated air is utterly unfit for man to breathe. It keeps the frame in a continual state of relaxation. The patients are deprived of the tonic effects of fresh air, and are, as it were, constantly simmering in a hot oven!" The amiable and talented lady then goes on to suggest the substitution of the open fire-place in each ward, and free entry from without of air at its natural temperature; a proposal which Dr. Shrimpton had no hesitation in endorsing, prior to its submission to the notice of the Academy.

There can be little doubt that, in matters of ventilation, the farther inventors and reformers have departed in principle from the old model, the mediæval fireplace, with its vast chimney and roaring fire, the less successful have been their innovations in a sanitary point of view. The *ad libitum* radiation of warmth in winter, the cheering blaze, the unceasing removal of impure exhalations by the suction power of the upward draught, the immediate annihilation by burning of soiled dressings, and the purifying influence of heat, as illustrated by the plague bonfires, are all so many arguments in favour of a return from the dreamland of ventilation, to the old chimney-corner of comfort and common sense.

Dr. le Brument, a gentleman who has for some years past been engaged in experimenting upon the therapeutical properties of various compounds of iodine, has now published in the *Bulletin de Thérapeutique* a series of papers on the chemical and medical properties of a drug, new in pharmacy at least—the neutral iodide of antimony. This salt, of a fine bright-red colour, is easily fusible, and volatilizes readily. It is decomposed by water, but is soluble in pure alcohol. For its preparation, two parts of antimony are mixed with three parts of iodine in a porcelain mortar, and a little alcohol is added to admit of the compound being rubbed into a thick paste. After being worked for some time, the mass from black becomes red, and from a pasty assumes a powdery consistence by the evaporation of the spirit. When thoroughly dried, the substance is sublimed in a retort, and the iodide of antimony is obtained in the shape of very fine crystals of a bright-red colour. The therapeutical effects of this drug seem to resemble much those of the elements which enter into its composition, with this exception, that it possesses far more power than either, and that the largest dose which Dr. le Brument considers it expedient to use is the tenth of a grain. It is perhaps more prudent to wait until the cases in which this drug has been employed have been published, before pronouncing any opinion as to its *avenir*; but from the astonishing effects produced (as I am assured by an unprejudiced *confrère*) in pulmonary catarrhs, it seems to be a remedy of very definite power. In case any of your readers should feel desirous of procuring a specimen of the drug for experiment and be unable to prepare it for himself, I may mention that it is here manufactured by MM. Roberts and Co., of the Place Vendôme, who would, I feel sure, afford every possible facility to any member of the profession desirous of testing its powers.

A speech delivered last Tuesday by M. Trousseau, at the Academy of Medicine, on the pulverization of fluids, deserves some mention, as being the first official sanction given to the employment of Dr. Sales-Giron's invention. "The method of treatment by pulverization," observed M. Trousseau, "is, I believe, destined to render great services in medical practice. That pulverized liquids do enter the bronchi is incontestable, and I much wonder that any doubts could have arisen on that point. Let a student pass the night in a room with a smoky lamp, and next day he will expectorate carbonaceous matter. Do we not see the same take place in the metal founder, the grinder, the glass-cutter, and in all those workmen whose trade exposes them to an atmosphere charged with minutely subdivided material? How can we then refuse to believe in the penetration of pulverized water? But should analogy not suffice for conviction, experiment at least is conclusive: and let these preparations speak for themselves. (Here M. Trousseau exhibited several sections of lung taken from animals, in which the perchloride of iron of the inhaled liquid had been detected in the remote bronchi by the yellow cyanide of potassium.) As to the therapeutical effects of pulverized inhalations, in no class of cases is it more apparent than in the granular condition of the mucous membrane of the pharynx and larynx, termed 'dysphonia clericorum,' and so common in preachers, orators, singers, and those who habitually over-exert their vocal powers. About a year ago, a woman affected with small-pox, came into my ward in the Hôtel Dieu. She was suddenly seized with œdema of the glottis, of so rapid a character as immediately to endanger life. After requesting M. Robert to be in readiness to perform tracheotomy, I resolved to try the effects of inhalation, and caused her to breathe a pulverized solution of tannin. So rapid and complete was the relief, that by the evening all danger had vanished, and the operation was dispensed with. Quite recently I met with a case of the same affection, œdema glottidis, in a phthisical patient, who was pregnant and near her term. By the use of the pulverized inhaler, I was able to prolong this woman's life until after the birth of the child, and attain a result which I should otherwise have despaired of accomplishing. In syphilitic affections of the larynx, I have been equally happy and very willingly bear testimony to the efficacy of M. Sales-Giron's invention."

The funeral of M. Bretonneau took place on Wednesday last, at Tours, and was attended by a large number of provincial and Parisian celebrities. As is usual in France, several orations were delivered on the occasion, the most brilliant being those of his two pupils, MM. Trousseau and Velpeau.

In consequence of the occurrence of a death from hydrophobia in the Paris garrison, the most stringent regulations have been issued by the authorities relative to the muzzling of dogs in the capital and its neighbourhood.

The hospitals are again full of cases of mild typhoid fever, and I hear of a few instances occurring in private practice.

Paris, May 13th, 1862.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 8th inst.:—

Bangay, Richard, Corbridge, near Newcastle.
Calthrop, Edward, Dosping, St. Nicholas, Lincolnshire.
Cornish, Philip Arthur, Modbury, Devon.
Deane, Charles Maslen, Batley, near Leeds.
Dunderdale, William, Poulton le Fylde, Lancashire.
Harman, John, Canterbury.
Haycock, George, Kingsland-road.
Hibberd, Edward, Tunbridge Wells.
Holt, John, Bolton, Lancashire.
Huxley, Thomas Henry, F.R.S., Museum of Practical Geology, Jermyn-street.
Jackson, Edward, Chorley, Lancashire.
Jones, Thomas, Ruthin, Denbighshire.
Kernot, Charles Noyce, West Cowes, Isle of Wight.
Le Tall, William James, Sheffield.
M'Lean, Hugh, Jamaica.
Osbaldeston, Lyttleton Frederick, Hatfield, Herts.
Page, William John, Dublin.
Potter, John Baptiste, Craven-hill, Bayswater.
Power, Wilmot Horton Trevor, R.A. Lond., Ceylon.
Risk, Francis Sparrow, Plymouth.
Shepherd, Charles Dunbar, Northallerton, Yorkshire.
Thorman, Thomas, Connaught-terrace.
Warrington, Francis Wm., Congleton, Cheshire.

The following gentlemen were admitted Members on the 9th inst.:—

Bennett, James Edward, Plymouth.
Castaneda, John, Albany-street, Regent's-park.
Cooke, George Richards, Charlwood-street, Pimlico.
Cookson, Samuel, Stowmarket, Suffolk.
Cooper, William Henry, New Zealand.
Deane, John, Melbourne, Derbyshire.
Delamotte, George Coles, Swanage, Dorset.
Ellis, Joseph Rhodes, Mirfield, Yorkshire.
Forrest, John Phelan, Mitchelstown, Co. Cork.
James, John, Cardigan.
Jeaffreson, James Russell, Leamington, Warwickshire.
Nelson, Samuel, Acomb, near York.
Oxley, Martin Gay Black, Southport.
Pettifer, Edmund Henry, De Beauvoir-town.
Purnell, Richard, Wells, Somerset.
Reed, Baynes, Canada West.
Rix, Samuel Babbt, Tunbridge Wells.
Shea, Henry Gordon, Blackfriars-road.
Smith, William Johnson, Wisbeach, Cambridgeshire.
Teale, John William, Leeds.
Wagborn, Frederick, Soho-square.
Wagborn, Henry, Soho-square.

LICENTIATES IN MIDWIFERY.—The following members of the Royal College of Surgeons of England, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 14th inst.:—

Addison, Chas. Edward, Doncaster; diploma of membership dated May 7, 1857.
Clindening, William Talbot, Adelaide, South Australia; May 6, 1862.
Elliott, John Robert, St. Saviours, Jersey; April 25, 1862.
James, John, Cardigan; May 9, 1862.
Moore, Edward Howard, Cambridge-heath, Hackney; May 7, 1862.
Morgan, Edward, Aberystwith, South Wales; April 22, 1862.
Morton, Thomas Henry, London; July 30, 1861.
Robinson, George, Bedford; January 31, 1861.
Taylor, Charles, Shrubland-grove, Dalston; May 6, 1862.
Worley, William Charles, Hoxton; April 30, 1860.

The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Ex-

aminers on the 12th inst., and, when eligible, will be admitted to the pass examination :—

Armstrong, Henry E., Newcastle Sch.
Armstrong, Joseph Foster, do.
Bailey, Wm., St. Thomas's Hospital.
Carr, Charles, Newcastle School.
Cope, Walter H., Charing-cross Hosp.
Douglas, Mordey, Newcastle School.
Elkington, George, Birmingham.
Francis, Alfred Ollivant, Birmingham.
Franklin, Charles, Guy's Hospital.
Harris, Gwynne Henry, King's College.
Hedley, John, Newcastle School.
Holden, John, Manchester.
Hughes, David, Charing-cross Hosp.
Kelly, Thomas, Birmingham.
Morton, John, St. Thomas's Hospital.
Orton, Geo. Hunt, St. Bartholomew's Hospital.
Pusey, Chauncy, Guy's Hospital.
Sankey, Geo. Fred., St. Thomas's Hosp.
Simpson, John H., Charing-cross Hosp.
Thomas, Oliver Dillon, Middlesex Hosp.
Thompson, Geo. S., Newcastle School.
Walker, George E., University College.
Webster, Richard, Leeds.
Whipple, Connell, St. Barthol. Hosp.
Wigg, Thos. C., Charing-cross Hosp.
Williams, David T., University College.
Wiltshire, Alfred, do.

The following gentlemen passed their primary examinations on the 13th inst. :—

Andrew, James Lawton, Manchester.
Atkinson, Fred. Page, St. Thomas's Hospital.
Birt, Joseph, Birmingham.
Burnard, Chas. F., St. Barthol. Hosp.
Cock, John, St. Bartholomew's Hosp.
Cross, A. J. Graham, King's College.
Elphinstone, Robert, Guy's Hospital.
Everitt, Herbert, University College.
Gouldsbury, Valerius Skipton, Galway.
Heckford, Nathaniel, London Hospital.
Libbey, Henry Cornelius, Leeds.
Lyle, Wm. Vary, St. Mary's Hospital.
Peirson, George Brigg, Leeds.
Rigg, John, Liverpool.
Rosselloty, John Crampern, Liverpool.
Shrapnell, Joseph N. S., Univ. College.
Smith, Walter Theyre, King's College.
Spooner, William, University College.
Spurway, Charles, St. Barthol. Hosp.
Tribe, John, University College.
Tucker, Fred. John, Middlesex Hosp.
Tudge, Timothy, do.
Wood, Francis Henry, Guy's Hospital.
Young, Francis, University College.
Zinzan, Robt. Vaux, London Hospital.

The following gentlemen passed their primary examinations on the 14th inst. :—

Burford, H. Hammerston, St. Mary's Hospital.
Cockerton, Alfred J., London Hosp.
Cooper, William Wightman, Hull.
Corbin, T. Wilson, St. Barthol. Hosp.
Griffith, Edwin, Birmingham.
Holyoake, Thomas, Guy's Hospital.
Horridge, Alb. Cross, Westmin. Hosp.
Hosking, W. H., Charing-cross Hosp.
Meadows, G. F. Walford, Guy's Hosp.
Milner, Jas. Forman, Hull.
Mudd, Fred. Chas., Guy's Hospital.
Paton, Robert, Manchester.
Reynolds, E. R. Bradley, Univer. Coll.
Simpson, Walter, St. Barthol. Hosp.
Smith, William, Birmingham.
Taylor, J. Hudson, London Hospital.
Thomas, W. Hopkins, King's College.
Vallance, Edm., St. Barthol. Hospital.
Wilby, John Burdett, Birmingham.

APOTHECARIES' HALL.—The following gentlemen passed heir examination in the Science and Practice of Medicine, and eceived certificates to practise, on the 8th inst. :—

Anderson, James, Liverpool.
Lilly, Hubert Walter, Folkestone.
Nesbitt, Francis F. C., Nassau, West Indies.
Newton, John Lawrence, Durham.
Rowe, Thomas Henry, King-street, Regent-street.
Southey, Albert James, Hampstead.
Sheppee, William Henry, Bedford.
Sutcliffe, Henry, Halifax.

The following gentlemen also on the same day passed their rst examination :—

Dawson, Edward, Manchester.
Eshelby, Douglas W., Congleton.
Lisle, Richard P., Cardiff.
Peirson, George B., Leeds.

[In the list of names of gentlemen who passed the Hall on the 1st inst., for "Edward Henley" read "Edward Harley."]

UNIVERSITY OF ST. ANDREWS.—The following is a list of gentlemen on whom the degree of Doctor of Medicine was conferred on the 10th inst. :—

Ash, J., Wandsworth Common, Lond.
Bennett, James, Liverpool.
Booth, Frederick W., Rochdale.
Bowstead, E. M., Caistor, Lincolnshire.
Brookhouse, Joseph O., Nottingham.
Brumwell, J. C., Burnley, Lancashire.
Campbell, W., Ilkeston, Derbyshire.
Carter, Daniel, London.
Cocks, C. C., Ross, Herefordshire.
Constable, Joseph James, Dublin.
Davey, Alexander G., London.
Davey, Richard S., Walmer, Kent.
Davis, J. R., Shelton, Staffordshire.
Davis, William H. P., London.
Dean, Thos., Huddersfield, Yorkshire.
Dias-Bandaranyke, Abr. W., Colombo, Ceylon.
Domville, Henry Jones, Royal Navy.
Dow, Henry B., Bayswater, London.
Dyer, Samuel S., Ringwood, Hants.
Ede, John R., Barnsbury, London.
Finegan, James, Liverpool.
Goodman, C. R., Southport, Lancashire.
Greenwood, J., Islington, London.
Gwynn, Edmund, London Hospital.
Harris, Charles, Northiam, Sussex.
Hill, Thomas A., St. Andrews.
Hills, George, Keighley, Yorkshire.
Hood, Wharton P., London.
Jennings, Robert, London.
Jones, R., Newtown, Montgomeryshire.
Jones, Robert, Llanrwst, N. Wales.
Lambert, H. Stone, Amoy, China.
Lovegrove, Charles, Sevenoaks, Kent.
Lyster, Chaworth E., Liverpool.
Marsden, Alexander E., London.
Martin, H. A., St. Austel, Cornwall.
Martin, T., Little Hilton, Lancashire.
Menzies, William J., Edinburgh.
Minns, Pembroke R. J. B., Guy's Hosp.
Moore, Daniel, Hastings.
Murphy, William, Guy's Hospital.
Owen, Owen, Guy's Hospital.
Page, A. H., Devonport, Devonshire.
Paine, Henry James, Cardiff.
Phipps, George C., Co. Cork.
Robson, Matthew J., North Shields.
Roe, Thomas A., Royal Navy.
Ryan, Edward T., London.
Schofield, Frank, Saddleworth, near Manchester.
Smith, William, Preston.
Stamper, James F., Guy's Hospital.
Stewart, John A., Malta.
Swain, Isaac H., London.
Swallow, J. D., Reading, Berkshire.
Tatham, John, London.
Titley, James, Louth, Lincolnshire.
Totherick, J. Y., Berwick-on-Tweed.
Trewhella, Henry E., Guy's Hospital.
Tyley, Richard P., London.
Vine, George John, London.
Walker, R., Kendal, Westmoreland.
Walling, Michael, Royal Navy.
Williams, William J., London.
Wyman, W. S., St. Thomas's Hospital.

We may remind our readers that there are only two more occasions (namely, in September and December) on which candidates can present themselves for the degree of M.D. at the University of St. Andrews under the present liberal regulations. After the 1st of January, 1863, every candidate will be required to have spent two of his four winter sessions at a University or at one of the Queen's Colleges in Ireland.

UNIVERSITY OF LONDON.—The following gentlemen have been elected the Examiners in Medicine and its collateral sciences for 1862–1863 :—Chemistry : Professors W. A. Miller and A. W. Williamson. Botany and Vegetable Physiology : Drs. J. D. Hooker and J. Lindley. Medicine : Drs. W. Jenner and A. Tweedie. Surgery : Mr. T. B. Curling and Professor W. Fergusson. Anatomy and Physiology : Professors P. Redfern and W. Sharpey. Physiology, Comparative Anatomy, and Zoology : Mr. G. Busk and Professor T. H. Huxley. Midwifery : Drs. W. Tyler Smith and C. West. Materia Medica and Pharmaceutical Chemistry : Professor A. B. Garrod and Dr. G. Owen Rees. Forensic Medicine : Prof. W. A. Guy and Dr. W. Odling.

FATAL ACCIDENT TO A SURGEON.—Mr. Henry Waldron, surgeon of Theale, Reading, has been killed by being thrown from his carriage against a wall.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—A deputation from this Association had an interview with Lord Palmerston on Monday, on the importance of the sanitary supervision of public schools.

THE birth of a quintet of girls on the 28th of March is recorded by the *Montreal Gazette*, the mother, a French Canadian, being herself one of four. The five children are doing well.

DR. ANDRAL has examined the blood of a patient suffering from anæmia, where the blood-globules amounted to less than 39 parts in 1000, whereas their natural proportion should be at least 120 per 1000.

THE LORD CHANCELLOR has ordered, on the recommendation of her Majesty's Attorney-General, Sir W. Atherton, M.P., that £400 from a lapsed chancery fund should be given to the National Life Boat Institution, in consideration of its great and important operations.

A HINT TO CONFECTIONERS.—A new green for confectionery, which may be substituted for the poisonous colouring now much used, is noticed by the *Journal de Pharmacie*. It is composed of saffron and indigo, and in the proportions necessarily used, may be considered innocuous.

THE SEX OF EGGS.—In an address lately read by M. Genin before the Académie des Sciences, he affirms that the sex of eggs may be accurately determined : all eggs having the germs of males having wrinkles on the smaller end, while the female eggs are smooth at both extremities.

GAS AS A MOTIVE POWER.—Mr. Meschin, barrister of the Inner Temple, has presented a paper to the Society of Arts, in which he shows that the adoption of gas as a new projectile and motive force would be attended with great advantages. The gas, evolved from water, is readily formed, and is most economical and effective.

CHLORIDE OF LIME has recently been employed by Professor E. Kopff for horticultural purposes. Plants sprinkled with a weak solution are preserved from the ravages of insects. Fruit trees may be protected from vermin by forming the chloride into a paste, and applying a narrow circle or ring of it upon the trunk of the tree.

DEATH OF DR. J. R. FARRE.—We regret to announce the death of Dr. John Richard Farre, who sank at the advanced age of eighty-eight, at his residence at Pentonville, on the 7th instant. This venerable physician was the father of Drs. J. F. Farre, of St. Bartholomew's, and Arthur Farre, of King's College. We intend to give a detailed memoir in our next number.

A SANITARY ESTABLISHMENT.—The Austrian papers announce the foundation of an establishment at Grätz, in which the physicians propose to cure many of the diseases of the chest and abdominal organs, by means of appropriate modifications in the air the patients breathe and the food they use. Mineral waters and the treatment by milk and curds also form part of the system.

THE JAPANESE AMBASSADORS.—On Thursday week five of the medical gentlemen attached to the Japanese mission paid a visit to King's College Hospital. They went over all the wards, examined several of the most interesting cases, and minutely inspected the arrangements for the comfort and convenience of the patients and nurses, which, as this hospital is

the most recently constructed in London, are all of the best and most approved description. They were altogether more than two hours in the hospital, and expressed themselves very much pleased with their visit. The gentlemen then proceeded to Mr. Kimpton's, High Holborn, where they purchased a large quantity of books relating to Medicine, Chemistry, Medical Botany, Natural Philosophy, &c.

SURREY OPHTHALMIC HOSPITAL. — The anniversary festival of this institution was held at the Bridge House Hotel, London-bridge, on Wednesday evening, the 14th inst.; A. H. Layard, Esq., M.P., in the chair. Nearly 150 gentlemen interested in the welfare of the charity sat down to dinner, and in the course of the evening a large number of subscriptions and donations were obtained. This hospital (which was lately called the South London) was founded in 1857, and now possesses a handsome building of its own in St. George's circus, opposite the Blind School, upon which a small debt of some £800 is due. Whilst the northern side of the metropolis possesses three large hospitals and eight dispensaries especially devoted to diseases of the eye, the southern side, with a population of 482,435 in 1851, did not possess one before the establishment of the present hospital. Its foundation therefore became a matter of absolute necessity. Since it has been opened, upwards of 5000 patients have been admitted.

TESTIMONIAL.—On Monday last, on the occasion of presenting an elegant silver tea and coffee service to Dr. Pierson, who is about to remove from Burlington Quay to his estate at Falsgrave, near Scarborough, a numerous company of his patients and friends were entertained at the Crown Inn to a sumptuous champagne breakfast, the chair being efficiently occupied by Mr. Parkin Atkinson. The meeting was of a most social character, and the speeches of the late patients most gratifying and complimentary. At the close of the repast, and after the presentation had been made, in an excellent speech by the Chairman, and most feelingly responded to by the Doctor, his successor, George D. Nelson, Esq., was introduced, and met with a most cordial reception. Dr. Pierson will leave the Quay with the respect, esteem, and good wishes of all his acquaintances.

ARREST OF CATARACT BY AMMONIA.—M. Quadri publishes, in the "Annals of Ophthalmia," the case of a girl of twenty-two, who presented an incipient lenticular cataract, with corresponding loss of vision. The patient was much alarmed at this, as cataract is hereditary in her family. M. Quadri ordered a daily application to the temples of liquor ammoniæ, secured under a watch glass, and internally a few grains of sal ammoniac per diem. The girl followed the treatment with great care, and so far recovered her sight as to be able to resume such occupations as she had been obliged to relinquish. She continued to use the same means for five years and experienced much benefit. When she attempted to leave off the remedies, she immediately had a relapse.

IMPALPABLE POWDERS.—We have recently examined, with the aid of the microscope, a number of the powders, both vegetable and mineral, prepared by M. Menier. The state of division to which they are reduced is so great that they well deserve the distinctive appellation "impalpable" bestowed upon them. Notwithstanding the extent to which the several component tissues are broken up and divided in the grinding, it is interesting to observe that sufficient of the different structures remain as to admit of the identification, by means of the microscope, of all other vegetable powders. Prepared from drugs and chemicals of the first quality, these powders, owing to their comminution, would prove more active than the ordinary coarse powders. They are certainly very superior to any hitherto submitted to our notice.

LONGEVITY IN THE NORTH RIDING OF YORKSHIRE.—In the *Richmond and Ripon Chronicle* of April 26th is recorded the deaths of thirteen persons whose united ages amount to 1065 years. The oldest is 95, the next 94, and so on in succession—89, 86, 85, 85, 82, 80, 79, 75, 73. The lowest in the list are two young ladies, each of 71 years of age. Besides this remarkable instance of longevity, there is a notice of the death of a lady at "an advanced age," by which it may be presumed that all record of her birth has been forgotten, so far distant is the time when she was ushered into this world.

ROOT OF A CANINE TOOTH LODGED IN THE THICKNESS OF THE LOWER LIP, SIMULATING A CANCEROUS TUMOUR. —M. Landyck, of Dunkirk, has published this case, referring to a lady forty years of age. She had always suffered with her teeth, and had but a few incisors left, the rest of the jaws presenting roots more or less firmly wedged, and alveoli more or less decayed. Towards the end of the year 1854, she felt a small tumour forming in the lower lip on the left side, which tumour soon filled the space below the internal aspect of the lip and the gum. Pain was subsequently experienced, and a few months afterwards the patient could hardly eat. She sent for M. Landyck, who discovered a large tumour situated as above described, and ulcerating. Ablation was not proposed, as the lady was very nervous, and cauterization was resorted to. In the meanwhile parturition took place quite normally, and, whilst using the caustic some time afterwards, M. Landyck felt a hard substance in the tumour; by then making a crucial incision, he discovered a long root of the canine tooth, covered with a thick layer of calcareous matter. It was placed horizontally, the apex turned towards the lip, and its upper part adhering to the bone. This root being removed, the tumour disappeared, and the patient was freed from all uneasiness.

M. BRETONNEAU'S FUNERAL AT TOURS.—This distinguished physician was buried with great pomp at Tours, a few days since, amid a great concourse of people, among whom were noticed the most eminent men of the place, and some of the leading physicians and surgeons of Paris, his former pupils, who had come to Tours in order to pay their tribute of respect to the deceased professor. M. Bouilland represented the Academy of Medicine, M. Velpeau the Academy of Sciences, and M. Trousseau appeared in the name of M. Bretonneau's pupils. The latter physician delivered a discourse, in which he sketched the nature of the labours of his departed teacher, showing how, by a profound study of natural history, he was led to his theories respecting the specificity of diseases, as exemplified by diphtheria and dothinenteritis. Several other speeches were made, and seldom has a medical man been conveyed to his last resting-place with such affectionate respect and deep regret as Professor Bretonneau.

TESTIMONIAL TO THE SURGEON OF AN EMIGRANT SHIP. —The Government emigrant ship, *John Vanner*, which sailed from Southampton on the 4th of January last, arrived at Table Bay, Cape of Good Hope, on the 10th of March, with 238 Irish emigrants on board, under the charge of Surgeon Superintendent William Domett Stone, M.R.C.S. Eng.; and notwithstanding thirty and forty adults and children were struck down with scarlet fever and measles, it is gratifying to add that Mr. Stone (suffering severely himself) only lost one patient, an infant of nine months. So grateful were the poor Irish to this gentleman for his attention to their several wants, that with characteristic generosity they subscribed from their limited means to present him with a silver mug, and the following address, which appears in the *South African Mail*:—

"*To William Domett Stone, Esq., M.R.C.S. Eng., &c., &c.*

"We, the emigrants of the Government emigrant ship *John Vanner*, being desirous of expressing our appreciation of the manner in which you, as Surgeon Superintendent, have professionally attended to ourselves, friends, and families during the voyage from England to the Cape of Good Hope, beg that you will be pleased to accept of the contributions which we have placed to our names; and in doing so we request that you will not deem the sums as the estimation in which you are held by us, but as a medium though which your kindness of disposition and urbanity of manner in which the duties devolved on you have been carried out. We are anxious that the amount subscribed should be expended in some article which you may select, so that hereafter the associations of this voyage may be known to your family and friends, and be a lasting testimony of the regard in which you have been held by us. Hoping that your professional career will meet your best anticipations, and though you may not command, yet you will deserve success, we subscribe ourselves, respectfully, &c."

DISEASED CATTLE.—In a report just issued by the Registrar General of Scotland, he calls the attention of the public to the fact, that ever since pleuro-pneumonia broke out amongst the cattle of this country a few years since, the returns of mortality have shown that carbuncle—a disease formerly very rare—has become comparatively common. Dr. Livingstone observed in Africa that if the flesh of animals who die from pleuro-pneumonia is eaten it causes carbuncle in the persons who eat it, and that neither boiling nor roasting the flesh, nor cooking it in any way, gets rid of the poison. It is true that if such cattle are ever sold for food they are killed before they fall victims to the disease naturally; but still the poison is in them. The report suggests as a subject of inquiry whether the new form of disease which we term diphtheria may not be partially induced by the use of diseased flesh.

MARRIAGES, BIRTHS, AND DEATHS.—A table presented to Parliament shows that during the year 1861 there were in

England 163,745 marriages, 695,624 births, and 435,293 deaths. There were born 355,751 males, and 339,873 females; and there died 222,516 males, and 212,777 females. The greatest number of marriages took place in the December quarter, the greatest number of births in the June quarter, and the greatest number of deaths in the March quarter.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MAY 10TH.—The deaths in London in the week that ended on Saturday were 1249; they were less than they had been in many previous weeks. The fatal cases of scarlatina declined to 39, while those of measles rose to 41. The total number returned by the London districts as having been caused by typhus in the last week is 89. Eighteen deaths were from diphtheria. Eight children died from syphilitic disease.

The births were—boys, 1015; girls, 931. Total, 1946.

MEDICAL VACANCIES.

A RESIDENT SURGEON and Apothecary is required for the Western General Dispensary.

A Medical Superintendent is wanted for Hoxton House Lunatic Asylum.

There is a vacancy for a Resident Medical Officer to the St. Marylebone General Dispensary, Welbeck-street, Cavendish-square.

The office of Dispenser to the Suffolk General Hospital, Bury Saint Edmunds, is now vacant.

There is a vacancy for a Professor of Clinical Medicine at University College.

MEDICAL APPOINTMENTS.

Dr. JOSEPH LANCASTER has been appointed Physician to the Clifton Dispensary, vice Dr. John Beddoe, resigned.

Dr. William Allan has been appointed Parochial Medical Officer for Dalmellington, Ayrshire, vice Mr. James Ritchie, deceased.

Mr. Albert Pleydell Carter has been appointed Surgeon to the Police Force, in the city of Gloucester.

Messrs. Richard G. H. Butcher, Jerome Morgan, George Hornidge Porter, Benjamin Wills Richardson, Michael Harry Stapleton, Edward Alexander Stoker, and Thomas Jolliffe Tuffnell, have been elected Examiners for Letters Testimonial and Fellowship at the Royal College of Surgeons, Ireland, for the ensuing year.

Dr. William Jenner has been appointed Professor of the Principles and Practice of Medicine, and Clinical Medicine at University College.

Mr. George Hother has been elected Medical Officer and Public Vaccinator for the 2nd District of the Chailey Union, Sussex.

Dr. Robert Liveing (and not Dr. Edward Liveing, as announced in THE LANCET of last week) has been appointed Demonstrator of Anatomy at the Middlesex Hospital.

Births, Marriages, and Deaths.

BIRTHS.

On the 18th ult., at Malta, the wife of R. T. Buckle, M.D., H.M.'s 13th Regiment, of a daughter.

On the 30th ult., at Brentwood, the wife of Robert Growse, M.D., of a son.

On the 30th ult., at Campbeltown, Argyllshire, the wife of William Gibson, M.D., of a daughter.

On the 1st inst., at Belmont, Bath, the wife of John Fitz-Patrick, M.D., Madras Army, of a daughter.

On the 3rd inst., at Wimpole-street, Cavendish-square, the wife of Charles Murchison, M.D., of a daughter.

On the 7th inst., at Belmont Villas, Lee, Kent, the wife of H. G. Noyes, M.D., of a son.

On the 7th inst., at Cambridge-street, Hyde-park, the wife of Philip H. Harper, Esq., F.R.C.S., of a son.

On the 8th inst., at Osborne Villas, Windsor, the wife of J. P. Harper, M.D., of a daughter.

On the 8th inst., at Chaddesley Corbett, near Kidderminster, the wife of Frederick Fitch, M.D., of a daughter.

On the 8th inst., at Nottingham, the wife of T. Appleby Stephenson, Esq., M.R.C.S.L., of a son.

On the 10th inst., at Upper Stamford-street, the wife of James I. Menzies, L.R.C.P.E., of a son.

On the 11th inst., at Bromsgrove, Worcester, the wife of Charles Horton, M.D., of a daughter.

On the 12th inst., at Bethnal-green-road, the wife of William Henry Brotherton, Esq., M.R.C.S., of a daughter.

On the 12th inst., at Bridge-street, Sunderland, the wife of John Horan, M.R.C.S., of a son.

On the 12th inst., at Rathmines, Dublin, the wife of Richard V. De Lisle, Esq., Surgeon-Major Royal Artillery, of a son.

On the 14th inst., at St. Thomas's-street, Southwark, the wife of Sydney Jones, M.B., of a son.

MARRIAGES.

On the 21st ult., at the British Embassy, Paris, J. M. Cookesley, M.D., to Henrietta, widow of the late Lieut.-Colonel Fisher.

On the 26th ult., at St. James's, Paddington, Henry G. Wright, M.D., of Somerset-street, Portman-square, son of the late E. G. Wright, Esq., of Hereford, to Louisa, only daughter of the late William Dallas, Esq., of Porchester-terrace.

On the 30th ult., at the Minster, Beverley, Henry Walker, M.D., of Beverley, to Martha Elizabeth, only daughter of the late Jas. B. Bainton, Esq., of the same place.

On the 1st inst., at All Saint's Church, St. John's-wood, Henry Studd Fletcher, Esq., M.R.C.S., of Regent's-park, youngest son of the late Rev. Wm. Fletcher, formerly Vicar of Harwell, Berkshire, to Emily Hill, third daughter of the late Warner Chevalier Hill, Esq., Walsingham, Norfolk.

On the 3rd inst., at Christ Church, Hoxton, John Clewin Griffith, M.A., M.B., and Member of the Board of Examiners in Arts to Society of Apothecaries, to Mary, eldest daughter of G. W. H. Coward, M.D., of St. John's-place, New North-road, and Yew Villa, Cheshunt, Herts.

On the 5th instant, at Warsop, Notts, John Housley, M.D., to Eliza, eldest daughter of John Bowett, Esq.

On the 8th inst., at Sedbergh, Yorkshire, W. D. P. Swain, Esq., M.R.C.S., second son of W. W. Swain, Esq., late Major 36th Regiment, to Emma, youngest daughter of John Elam, Esq., J.P., of the Thorns, Sedbergh.

On the 9th inst., at St. Paul's Church, Maidstone, John William Mastyn, M.D., Staff-Surgeon, to Emma, younger daughter of Daniel Scratton, Esq., of Penenden.

On the 8th inst., at St. John's Church, Bayswater, S. J. Heard, M.D., of Bangalore, to Kate, third daughter of Wm. Bradley, Esq., of Sydney, New South Wales.

DEATHS.

On the 24th January, on board the *Nyanwakal*, off the Cape of Good Hope, on his passage to Sydney, William, the third son of Thomas Hunt, Esq., F.R.C.S., of Alfred-place, Bedford-square, aged 23.

On the 30th ult., George Darling, M.D., of Russell-square.

On the 30th ult., at Upper Seymour-street West, Edward Scanlan, M.D., aged 45.

On the 30th ult., at Bloomsbury-square, John Wheeley Gough Gutch, M.R.C.S., only son of the late John Mathew Gutch, of Barbourne, Worcester, aged 53.

On the 2nd inst., in Argyle-street, Arthur Mendip Norris, M.D., youngest son of William Norris, of Stourbridge, Worcestershire, aged 29.

On the 2nd inst., at Oakley-square, Onslow, the infant son of Henry Charles Andrews, M.D., aged 15 months.

On the 5th inst., suddenly, at Guildford-street, Russell-square, Wm. Rumbelow, M.R.C.S., aged 52.

On the 5th inst., at Malvern, the widow of the late Wm. Eagles Johnson, Esq., M.R.C.S., of Dudley.

On the 7th inst., at West Port House, Cupar Fife, Jane Meldrum, wife of William Carstairs, Esq., late Medical Staff H.M.'s Indian Army, Bombay Presidency.

On the 8th inst., at Upper Stamford-street, Alfred William Keene, Esq., M.R.C.S., late of Guildford, Surrey, aged 31.

On the 8th inst., at Rathmines, Dublin, Ella Maud, youngest child of Richard V. De Lisle, Esq., Surgeon-Major, Royal Artillery, aged 17 months.

On the 10th inst., at Longdon, Staffordshire, Joshua Seddon, M.D., aged 61.

On the 10th inst., at Eldon-square, Newcastle-upon-Tyne, Eliza Janet, wife of Edward Charlton, M.D., aged 46.

On the 13th inst., at Clarence Cottage, Bridge-road, St. John's-wood, Catherine C., relict of the late C. D. Straker, M.D., C.B., Physician-General of the Bombay Army, aged 61.

On the 13th inst., in London, William Binny Webster, Esq., Surgeon, late of the E.I.C. Military Service.

Medical Diary of the Week.

MONDAY, MAY 19

- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.

TUESDAY, MAY 20

- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION.—4 P.M. Mr. C. T. Newton, "On Ancient Art."
- ETHNOLOGICAL SOCIETY. — 4 P.M. Anniversary Meeting.
- JUNIOR MEDICAL SOCIETY OF LONDON.—8 P.M. Meeting at the Whittington Club, Arundel-street, Strand.—Mr. T. P. Pick (St. George's), "On Bloodletting."
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, MAY 21

- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARK'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- HUNTERIAN SOCIETY.—8 P.M. Mr. Gowland, "On some of the Common Errors in Rectal Surgery."
- GEOLOGICAL SOCIETY OF LONDON.—8 P.M.

THURSDAY, MAY 22

- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- WEST LONDON HOSPITAL.—Operations, 3 P.M.
- ROYAL INSTITUTION. — 3 P.M. Dr. Lyon Playfair, "On Progress of the Chemical Arts (1851-62)."

FRIDAY, MAY 23

- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- ROYAL INSTITUTION.—3 P.M. Mr. Warrington W. Smyth, "On Coal as one of the Great Materials of British Industry."

SATURDAY, MAY 24

- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Prof. Anderson, "On Agricultural Chemistry."

To Correspondents.

Social Evil.—Whatever steps have of late been taken with reference to this evil, particularly as it prevails in the united services, it must not be forgotten that Dr. John Rose, late of Haslar, was an ardent and effective pioneer in the work. His letters on Lock Hospitals, published in THE LANCET nine years since, contain suggestions which would appear to have been acted upon by others who have since entered into the controversy. It is due to Dr. Rose to state this much, as Captain Jackson's Report on the State of Aldershott has enlisted *The Times* in favour of the cause. It is to be hoped that the recommendations made by Dr. Rose and others may at length receive that attention from Government and philanthropists which their importance deserves.

Mr. John Grove.—Cases in which life is saved by medical advice and assistance occur hourly. His own case is no exception to the common rule.

MERCURY IN SYPHILIS.

To the Editor of THE LANCET.

SIR,—In reply to Mr. Weeden Cooke, I beg to state that salivation, in the proper sense of that term, is never, or almost never, produced by the mercurial vapour-bath when combined with the use of iodide of potassium and Dover's powder at night. Mr. Langston Parker, in speaking on this point, says:—"One or two objections have been raised to this plan of treatment by reviewers. These are easily answered, and would never have been made had *those gentlemen* been familiar with its practical working. The chief objection which has been raised is, that it is unmanageable, and the quantity of mercury introduced into the system cannot be regulated, and that rapid and severe salivation might occur. For more than twenty years I have administered or superintended the administration of this bath, from four to six times every day, and I have never seen *one* case where such an effect has been produced. I have employed it in many thousand cases."

Now, in the teeth of this, Mr. Weeden Cooke says—"It is the difficulty of preventing salivation which makes this mode of applying mercury externally one that can never be largely employed in practice."

How can we reconcile these statements? Is it that Mr. Parker has made a mistake? The objection of youth cannot be urged, although he may be only a *country practitioner*. Or is it true, after all, that Mr. Cooke, intent on writing a book, is really one of the gentlemen who are not familiar with the practical working of the system of this *excellent surgeon*? It is quite evident that the system must be submitted to practical investigation, and that facts take the place of theories. I therefore mention the following cases out of many treated by the moist mercurial vapour-bath:—

James S——, mariner, contracted syphilis in January, 1861. Being on a long voyage, as soon as he arrived in the north of England he put himself under treatment, without benefit. He then went to the first hospital in the north of England, and went another voyage to London; but more severe symptoms setting in, he was again submitted to ten weeks' additional treatment, with little or no ultimate benefit. He had been treated by iodide of potassium, blisters to the nape on the tibia, which was nearly as large as a hen's egg. He complained principally of the constant pain down the anterior aspect of the leg, with pain over the whole side and posterior part of the cranium. The primary symptoms, as hardness of the glands in the groin, had disappeared. This man was submitted to the moist mercurial vapour-bath, with iodide of potassium and ammonium as an ointment to the node on the tibia, the hydriodate being exhibited internally in large doses. He took a bath every night for three weeks, with only the slightest softness of the gums. By this time all pain had vanished. He was now put on quinine and iron for a fortnight, when he was fit for sea, and has remained in the best of health for six months.

John I——, had contracted syphilis three years ago; had taken blue pill by the direction of a druggist for three months. In about six months his tongue began to fissure. When I saw him, two years after infection, he was truly phthisic, nothing being retained on his stomach. The tongue disease was restrained by large doses of the hydriodate of potash for four months; but no permanent good resulted until he was advised to use the vapour-bath, by which a complete cure has been effected.

William L——, master mariner, had acquired syphilis two years ago; had been salivated under the direction of an eminent oculist, without benefit. Indeed he had been worse ever since in his general health. He complained of flashes of light passing before his eyes, with muscæ volitantes, the pupils being much dilated. This case was first treated for two months or more by iodide of potassium and arsenic, with a very little improvement. The vapour-bath was then used with the most astonishing success. The cure has remained permanent. This man was unable to go to sea from the loss of sight sustained.

Until the non-mercurial school can give us an equivalent, we will not, like Sangrado, say, "I have written a book."

I remain, Sir, yours, &c.,

Hartlepool, May, 1862. ROBERT INGLIS, M.D.

J.—1. Our correspondent cannot do better than refer to the articles upon Vaccination by Dr. Deslandes, recently published in America.—2. Baillière, of Regent-street.

The Jones Fund.—The following subscriptions have been received at our Office since last week:—G. (stamps), 2*s.* 6*d.*; T. A. H., 5*s.*

Medicus.—The extract from the Canadian paper is indeed a curiosity.

POST-PARTUM HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—Whilst talking to my friend Mr. Norris, of Charmouth, in May last, he told me that he had tried with much success the effect of electricity in post-partum hæmorrhage; but as unfortunately in country districts one has not always a galvanic battery at hand, he has refrained from calling the attention of the profession to the fact until quite satisfied of the utility of the practice.

Will any of your readers be kind enough to publish any similar cases in THE LANCET? Your obedient servant,

May, 1862. HOLMBOOK.

A Country Practitioner.—We cannot speak from experience. What our correspondent suggests is at any rate worthy of trial. He will find the important discussion lately conducted at the Royal Agricultural Society, upon the use of cattle condiments, fully reported in the May number of the *Edinburgh Veterinary Review*. The arguments pro and con., as well as the editor's remarks, should be well considered. The subject must be looked at from more points than one.

Dr. Steggall.—Mr. Pierpoint has been exonerated by a jury. It is scarcely necessary, therefore, to publish the letter sent to us.

SANITARY CONDITION OF LIVERPOOL.

To the Editor of THE LANCET.

SIR,—In reply to Dr. Kebbell's letter, allow me to state that, owing to the progressive sanitary improvements in Liverpool, and the great interest which the gentlemen of the local sanitary staff take in these matters, this important city is annually getting more healthy. Until the remediable causes of its death-rate become removed, it will be somewhat difficult to compare Liverpool to other towns as regards the mortality, attributable only to its atmosphere and geographical position. The excessive mortality is limited to two or three localities. It is true that a large proportion of the population used to live in cellars; but in order to expel the people out of those holes, the authorities were obliged to fill them up with soil and other materials. Ever since then the mortality has gradually diminished.

I beg to refer Dr. Kebbell to Dr. Duncan's Report on the Health of Liverpool during the year 1861, from which, by your permission, I quote the following:—

"The returns of the Registrar-General for 1861 show a somewhat less favourable state of the public health throughout England than in the previous year, and Liverpool contributed its full share to the increased mortality. The mortality of the borough during the two preceding years was unprecedentedly low, and, as is frequently the case after a long period of remarkable healthiness, it underwent a considerable increase during last year, although it did not rise above the average of the previous five years, and was considerably lower than the average of the years preceding 1856. The deaths registered in Liverpool were 1697 more than in the previous year, and about 600 less than the average of the preceding ten years, corrected for increase of population. In the parish the deaths were 8080, and in the out-townships 4253, giving for the former a death-rate of 31·9, for the latter of 24·2, and for the borough of 28·8 per 1000. The mortality was about equal to the average of the preceding five years; but as compared with the mean of the ten years 1851–60, there was a saving of about 600 lives; and as compared with that of the ten years preceding the Sanitary Act, the returns show that, high as the mortality was, not less than 1650 lives were saved last year in Liverpool. The excess of deaths over those of the previous year is furnished almost exclusively by three classes of disease—viz., zymotic, showing an excess of 1017; inflammatory affections of the lungs, 370; and diseases of the nervous system (chiefly infantile convulsions), 231. The diseases of the lungs caused 2690 deaths, the greatest yearly number hitherto recorded. This result was chiefly owing to the extreme cold of five weeks' duration, which set in shortly before Christmas, 1860, and which more than doubled the mortality from lung diseases in the succeeding months. The deaths from consumption, not included in the above, were 1563, being 67 fewer than in the preceding year, and less than the average by about the same amount.....It may be added that the death-rate from consumption in the borough was 1 in 286, whereas twenty years ago it was as high as 1 in 170 of the population, showing a saving last year of 1070 lives from this disease."

I am, Sir, your obedient servant,

May, 1862. S. W. S.

Adelphos.—In the present state of the case, we do not think it advisable to publish the letter of our esteemed correspondent. As we understand that proceedings are still pending in the matter, it would be well to defer any comments on the subject.

Clericus.—Such questions cannot be answered categorically. The symptoms described may depend on a variety of causes.

Sigma.—Wilson's edition of Hufeland.

HAS *A Constant Reader* any objection to his name being attached to his communication relative to the Gresham Life Assurance Office?

A CAUTION.

To the Editor of THE LANCET.

SIR,—You would be doing a good and kindly service to those gentlemen who are looking out for employment, and are being attracted by advertisements from various boards of guardians, if you would offer to them a little friendly advice by way of caution before they heedlessly accept some of these special baits; for a great number of them "hold the word of promise to the ear, but break it to the heart."

Thus was I lured last October to offer myself as a candidate for the Lowestoft district of the Mutford and Lothingland Incorporation. The advertisement, amongst other things, states that extra fees will be given for certain surgical cases; but they nullify this by subscribing to an infirmary, and thus deprive the medical officer of almost every casualty. Besides, in this district the population is so large and so pauperized, the parishes so distant, the workhouse nearly three miles from where he is expected to reside, and altogether the work is so intensely laborious, and the expense of working the district is so heavy, that the whole salary, with all extras combined, is insufficient to meet what will be found to be absolutely necessary for conducting it. All the medical men of the town have met to discuss the matter, and unanimously came to the conclusion to have nothing to do with an appointment so preposterously paid if pay it can be called where the person who holds it must be the loser. The guardians, however, consider the pay ample, and are again advertising for a medical officer on the same terms. This they are continually obliged to do, as no one sticks to it for more than a few months. No one in the neighbourhood conversant with the place and circumstances will have anything to do with the troublesome and expensive creature, so they are compelled to throw their hooks far and wide, with the hope that some sanguine member of our noble profession will be induced to bite.

It is to prevent bitter disappointment overtaking the unfortunate successful one that I beg you will do as much as in you lies to avert much inconvenience in many ways. The election, I find, takes place in about a fortnight.

Your obedient servant,

Lowestoft, May, 1862. EDWARD CRICKMAY, M.R.C.S.

F. S. S. should examine the blood by the microscope. The structure of the red corpuscles may perhaps support his argument. It has been well remarked, for example, that the examination of the minutest drop of the blood of that strange duck-billed creature, the ornithorynchus paradoxus, would at once have shown the latter to belong to the mammalia, and this even in the most immature specimen.

A HINT.

To the Editor of THE LANCET.

SIR,—A few days since, on my return home from an afternoon's work, I found my usually quiet abode, which is situated near Bedford-square, in a state of confusion; and on inquiring the cause from one of my excited domestics, she, with violent and most portentous gesture, directed my attention to the plate-basket, which had been placed in a cupboard in my dining-room, and which I was sorry to see presented a most melancholy aspect of emptiness.

It appears that not long before my arrival, a short, dark man, about thirty-five years of age, and of sufficiently respectable appearance to be shown into the dining-room, requested to be allowed to wait until I returned home. After remaining a few minutes, he rang the bell, and informed the servant that he would call again in five minutes. During the time that he was waiting he had managed to extract my plate, to the great discomfort of my domestic economy, the excitement of the occasion by no means being lessened when the misfortune became known to my better half, who was disconsolate at the loss of her bright silver spoons, and would not be comforted!

Since this I am informed that the same worthy who purloined my goods visited a neighbouring practitioner, and robbed him of plate and other articles to the value of sixty pounds.

I therefore write to you in order to put medical men on their guard against the possibility of a like occurrence. I have cautioned many of my friends in this part; but if you will kindly insert this letter in THE LANCET, some of my brother practitioners may escape being robbed, and the rascal may be caught; when I would recommend that, before he is handed over to the judicial authorities, some very painful surgical operation, which would serve to illustrate or advance the science of surgery, should be performed upon him by the first practitioner who is lucky enough to catch the thief.

I am, Sir, yours obediently,
May, 1862. F.R.C.S.

M.R.C.S.—Dr. Gibb, who translated for the Sydenham Society the French version of Czermak's work upon the Laryngoscope.

One of the Old School, (Cheltenham.)—1. The patient should have been attended by the surgeon who first saw him.—2. The case is a surgical one.—3. He was not acting as a "pure" physician, nor according to the acknowledged laws which govern medical practitioners in their professional intercourse.

THE PRACTICE OF "WORMING" DOGS.

To the Editor of THE LANCET.

SIR,—While few, if any, of your readers, professional or general, could witness unmoved wilful injury being done even to a dog, more especially an unoffending one, it becomes a duty to correct, under the light of physiological science, a gross popular error whereby that interesting creature is subjected, very generally, to much absolutely needless torture. John Hunter loved the species, and his philosophic humanity has utterance in the benevolent vigilance of the Society for the Prevention of Cruelty to Animals.

There exists in London and elsewhere a class of adepts, designating themselves "canine surgeons," and one of their most notable operations is performed for the extraction of what they name, and those who employ them (in dread of rabies) believe to be, the noxious "worm" in the dog's tongue. That worm is, anatomically, (I saw it,) one of the symmetrical ninth pair of cerebral nerves, and functionally the lingual motor nerve. By excision of this structure, the corresponding half of the tongue becomes paralyzed; and it is so far fortunate for the canine sufferer that the canine operator is not aware of the existence of two such worms, else, doubtless, he would excise both, and thereby deprive the organ of all motive power. Of this fact your professional reader does not require to be informed. It is only in the hope that the error may no longer prevail with such as practically commit it every day that I submit the same to your notice. I am, Sir, yours obediently,
May, 1862. JOSEPH MACLISE, F.R.C.S.

Mr. J. B. Barnes.—We think it desirable not to notice the case before the magistrates. There can be but one opinion, however, respecting the taking of a fee under the circumstances. It was not only unusual, but contrary to etiquette.

ANOTHER CASE OF DEATH FROM CHLOROFORM.

To the Editor of THE LANCET.

SIR,—The following is another case of death from chloroform, to be added to the already long list of fatal cases caused by this terrible agent:—

Having to operate on Mr. P—— for fistula in ano, which had been treated unsuccessfully for six months with injections of tincture of iodine, I found the patient on Monday last in excellent condition of health, and quite fasting. Having examined him carefully three times previously, I began before applying chloroform to ascertain the condition of his heart and respiration, and finding them in an excellent state, I began to administer chloroform, being assisted by Mr. Marshall, of Tichborne-street. The chloroform was given on a little lint folded in a handkerchief. I took the greatest care to allow the free access of air, removing the handkerchief from time to time, as I have been accustomed to do in the Hôtel Dieu in Paris, and in numerous cases under my treatment in the metropolis. After the expiration of five minutes, the patient was quite awake, which I attributed to the great quantity of air allowed to mix with the chloroform. The pulse and heart, being consulted, were found quite normal, and the breathing regular. I continued to give him chloroform for about five minutes longer, when the patient, showing sensibility on being pinched, was taken suddenly with excitation in the limbs, raised himself on his seat, and stopped breathing. Seeing this, the window was opened; Marshall Hall's Method, artificial respiration, and every available remedy alternately tried without success, until death was evident. The quantity of chloroform employed was about one-third of an ounce.

Now, after numerous successful cases, I coincide with many other practitioners, both English and foreign, that chloroform ought only to be applied in cases of tedious and painful operations.

I am, Sir, your obedient servant,
A. DIEUDONNÉ, M.D. Paris.
Southampton-street, Covent-garden, May, 1862.

Royal Medical Benevolent College.—Complaints have reached us that the wife of one of the principal officers of this establishment at Epsom is canvassing with great energy and perseverance on behalf of a "foundation scholar." It is surely scarcely proper for the wife of a paid official so to interfere. This proceeding is certainly not just to the other candidates. We trust that the Council of the College may have their attention directed to the question.

The Pierpoint Fund.—The following subscription has been received since our last:—Dr. Sheehy, 5s.

Dr. Embling is referred to Dr. Watson's work, or to Dr. Tweedie's Lectures on Fever, published in THE LANCET, vol. i., 1860.

Dr. C. Kidd should address his letter to the advertiser of the "secret remedy."

ELECTION OF A PARISH SURGEON.

To the Editor of THE LANCET.

SIR,—A number of your journal, bearing date April 5th, 1862, has been put into my hands, where in a letter such mention is made of my name as to demand a reply from me, and I should have done so before this had I been cognisant of it. Let me in limine protest against the custom of allowing individuals anonymously to censure what they consider wrong in their brethren, when the facts of the case may be either unknown to them, or wholly different from what they may represent them to be. Allow me to state what your "Griffinite" correspondent has kept back.

Before the election time approached, it was proposed at a meeting of the board that the salary of the medical officer should be £80 per annum. This became a vexed question (see the Canterbury papers), and a division took place. Knowing that the ground was thoroughly well canvassed before the appointment was declared to be vacant, I considered that my only chance lay in meeting the views of those who voted for the reduction in the salary. Hence my offer to take it at £80, and to this step I was advised by more than one guardian; and, even irrespective of this, I was quite at liberty to make any offer I pleased to the board, as that offer could only have influenced myself, for the salary of £100 had been already fixed, and could only be changed by a minute at a future meeting. If the medical officer then elected had been in the enjoyment of his salary, it would have been quite another matter to seek to take it from him by a bait thrown to the board; but it was a competition of candidates, or rather ought to have been so.

When gentlemen look for union appointments, it is either as a matter of daily bread or to keep out a stranger; and I think, in common with a great many, that any fair move is more than justifiable to break if possible the "clique" adherents in Canterbury, who will accept anyone who can claim the most remote degree of affinity with them. I have not a word to say about the candidate who succeeded to the appointment. He is most worthy. But I do affirm that it is a piece of monstrous injustice to the hard-worked members of the Poor-law medical service to place a young man in a position of such trust and importance who never had served the Poor-law Board as a medical officer.

Had I not made the move I did, in all probability I should have made my exit, like the third candidate, with a 0 after my name. He sent no testimonials, thinking, no doubt, to awe the board by his *coup-de-grâce*, whereas he recalled in his cipher a plain hint to try elsewhere.

I am, Sir, your obedient servant,
HENRY USSHER, M.B., Surgeon,
Chartham, May, 1862. ALSO A GRIFFINITE, BUT NOT A GUPPYE.

W. B. complains that he has written three letters to the Poor-law Board on a question which he was entitled to submit to them. He has received no answer to them! Surely this is not in accordance with the known rules of common politeness.

Studens.—M. Billiet practised at Geneva, and died about a year back. He was one of the first authorities upon infantile pathology.

S.—St. Andrews, N.B.

F. W., (Guy's.)—He can call himself "Dr.," notwithstanding the rules of the Royal College.

Dr. J. M. Croft.—We cannot insert the letters. If slander has been resorted to by Dr. Croft's competitors, he has his remedy.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Barwell; Mr. Edwards; Mr. Marston; Dr. Cutler; Dr. R. Inglis; Mr. Maclise; Mr. Grove; Mr. Ainsworth; Dr. Fowler; Dr. Tate, Nottingham; Dr. Steggall; Mr. H. Lee; Dr. Robinson, (with enclosure;) Mr. Prance, Maidstone; Mr. Tufnell, Dublin; Mr. Styles; Mr. Nerson; Mr. Stenhouse; Dr. Pyle, Sunderland; Mr. Parsons, (with enclosure;) Messrs. Macfarlane and Co., Edinburgh; Mr. Lobb; Mr. H. Thompson; Mr. Spratt; Dr. Carsham; Dr. Cuthbert, Wexford; Mr. Parkes, Bath; Mr. Ward, Manchester; Mr. Green, Rochdale; Dr. Stewart, Belfast; Dr. Kidd; Mr. Stephenson, Nottingham; Mr. Tastin, Milcombe; Messrs. Howard and Sons; Mr. Manby; Mr. Mottershead, (with enclosure;) Mr. F. W. Cooper; Dr. Horne, Scarborough; Mr. Norman; Dr. Thomas; Dr. Horan, Sunderland; Mr. Catlin; Mr. Sweeting; Mr. Usher, Bodicott; Mr. Crickmay, Lowestoft; Dr. Sisson; Mr. H. Hicks, St. Davids, (with enclosure;) Dr. Litchfield, Twickenham; Dr. Knox; Mr. Palmer, Lonchborough, (with enclosure;) Messrs. Albright and Wilson; Mrs. Pearce, (with enclosure;) Mr. Brown, Runcorn; Mr. Pritchard, Stratford-on-Avon; Dr. Lester, Liverpool; Messrs. Darby and Gosden; Dr. Croft; Mr. Betts; Mr. Leathard; Mr. J. Sax; Mr. Dugdale, Accrington; Mr. Bartlett, Bristol, (with enclosure;) Dr. H. Ussher, Chartham; Mr. Barnes, Thaxted; Mr. J. Martin; Mr. Blanshard, (with enclosure;) Dr. Mackinder, Gainsborough, (with enclosure;) Mr. Roberts, Hill-borough, (with enclosure;) Mr. Hooper; Mr. Banner, Liverpool; Mr. H. Mackley, (with enclosure;) Mr. Hardy, (with enclosure;) Mr. Pratt, Barnstaple, (with enclosure;) Mr. Coleman, Caherconlish; Mr. Hodson, (with enclosure;) Mr. J. B. Wilson, (with enclosure;) Mr. Daniel; Mr. Atkinson; Mr. H. Webb, Balsall Heath; Mr. Brotherton; Mr. Reed; Mr. Kimpton; A Member; A Constant Reader; F.R.S.; M.D., (with enclosure;) Oriental Bath Company; Pharmaceutical Society; S.; C. A.; W. W., (with enclosure;) W., (with enclosure;) L.R.C.P. Ed., (with enclosure;) Sigma; M.D.; One of the Old School; S. W. S.; Dr. F. W.; J. E.; Z., (with enclosure;) Ethnological Society; &c. &c.